

APPLICATION FOR EMPLOYMENT

Please print clearly and answer all questions



EQUAL EMPLOYMENT OPPORTUNITY POLICY:

"It is the policy of this Company to recruit and employ the best qualified personnel for available positions, to provide equal opportunity for the advancement of employees, and to administer these activities in a manner which will not discriminate against any person because of race, creed, color, religion, age, sex, sexual orientation, gender identity, national origin, physical or mental disability, or any other category protected by local, state, or federal law."

PERSONAL

Name: _____ **Date:** _____
Last First Middle Initial

Address: _____
Street Address City/State Zip Code

Telephone: _____ **Mobile Phone:** _____ **E Mail Address:** _____

Person to Notify in Case of Emergency: _____ **Phone:** _____

Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the United States? <i>(You will be required to furnish proof of lawful work status if you are extended a job offer in accordance with the Immigration Reform and Control Act of 1986).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you ever employed by this Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When and what was your position? Have you ever applied to, received an offer from or worked at one of our other facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No (see below) <i>Bostonian, Craneville Place, Ledgewood, Park Place, Seacoast, Sugar Hill, Springside, Bay Path, Brighton House, Colonial, Hancock Park, Harbor House, John Scott</i> If yes, where, when and what was your position?
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List any friends or relatives working at this company or at one of our facilities:

Name:	Relationship:
Name:	Relationship:

POSITION APPLYING FOR

TYPE OF WORK DESIRED	SALARY	How did you learn of this Opening?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? Yes No
 If yes, please explain:

EDUCATION/TRAINING

School	Name and Address of School	Years Attended	DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSES AND/OR CERTIFICATION

If applicable (RN, LPN, LSW, NHA, etc.), list any certification, registration, or license number that may be required for your position:

License #: _____ Date of Original Issue: _____ Expiration Date: _____

EMPLOYMENT EXPERIENCE

Starting with your present or last job, list your most recent past employment. Include any job-related military service assignments and verified volunteer activities. Omissions will be considered a falsification of this employment application.

1	Employer	Dates Employed		Work Performed (Describe)
	Supervisor	From Month/Year	To Month/Year	
	Address			
	Telephone Number	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for Leaving			
	If current employer may we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No; If No, Explain			
	2	Employer	Dates Employed	
Supervisor		From Month/Year	To Month/Year	
Address				Address Job Title
Telephone Number		Hourly Rate/Salary		
Job Title		Starting	Final	
Reason for Leaving				
If current employer may we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No; If No, Explain				
3		Employer	Dates Employed	
	Supervisor	From Month/Year	To Month/Year	
	Address			Address Job Title
	Telephone Number	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for Leaving			
	If current employer may we contact this Employer <input type="checkbox"/> Yes <input type="checkbox"/> No; If No, Explain			

ARE THERE ANY OTHER EMPLOYERS NOT LISTED ON THIS APPLICATION? Yes No If yes, Explain:

DECLARATION AND CERTIFICATION

As an applicant for employment, I certify that the information on this application is accurate and subject to verification. I acknowledge that if I am selected for employment, a thorough investigation of my past employment and activities, including a CRIMINAL OFFENDER RECORD INFORMATION (CORI) CHECK shall be conducted. I understand that any misrepresentation or omission of facts or information made on this application will result in disqualification for/termination of employment. I consent to taking the pre-employment physical and such future physical examinations as may be required, including reasonable suspicion drug testing. I understand that this Employment Application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment and may be terminated by this employer at any time and for any reason.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

EMPLOYMENT IS SUBJECT TO A REFERENCE CHECK, PASSING THE PRE-EMPLOYMENT PHYSICAL AND COMPLIANCE WITH THE IMMIGRATION LAW.

I authorize the facility to contact the CRIMINAL HISTORY SYSTEMS BOARD to conduct a CORI CHECK. I also give the facility permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by the facility and release and hold harmless all persons and entities from liability for doing so.

Signature of Applicant: _____ **Date:** _____