

EMPLOYMENT APPLICATION

This facility is an equal opportunity employer; Federal and State Laws prohibit discrimination in employment practices based on race color, religion, sex, age, handicap, disability or natural origin No question on this application is asked for the purpose of limiting or excluding any applicants' consideration for employment because of his /her race, color, religion, sex, age, handicap, disability or natural origin. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment of continued employment. An employer who violates this law will be subject to criminal penalties and civil liability.

Date: _____	Availability: Full time _____
Position Applying for: _____	Part time _____
Date Available to work: _____	7am-3pm _____
Expected starting wage: _____ per hour	3pm-11pm _____
	11pm-7am _____
	Other _____

How did you hear about this position?

Newspaper___ Walk-in___ DET___ Current Employee___ Other___
 Newspaper Name _____ Employee Name _____

I. PERSONAL

Name _____
Last
First
Middle Initial

Address _____
Street
City
State
Zip

Telephone # _____

If your employment referenced or education records are under a name other than indicated above, please specify.

Name _____
Last
First
Middle Initial

Are you under 18 years of age? Yes _____ No _____

Have you ever been hired here before? Yes _____ No _____

Have you met the Massachusetts mandated Dementia Special Care Unit training credential? Yes _____ No _____

II. EDUCATION

School	Name and address of School	Course of Study	Circle year completed	Years attended From	To
High School	_____	_____	1 2 3 4	_____	_____
College	_____	_____	1 2 3 4	_____	_____
	_____	_____			Other
1 2 3 4					

MA Nurse Aide Certification# _____

Date of Original: _____

Expiration Date: _____

MA Nurse Licensure # _____

Date of Original: _____

Expiration Date: _____

III. EMPLOYMENT HISTORY: Please begin with the most recent.

Name and Address of Business	Start Date	End Date	Your position: Describe your duties:
_____	Starting Wage	Ending Wage	_____
Telephone # _____			
Supervisors Name: _____		Reason for Leaving: _____	

Name and Address of Business	Start Date	End Date	Your position: Describe your duties:
_____	Starting Wage	Ending Wage	_____
Telephone # _____			
Supervisors Name: _____		Reason for Leaving: _____	

Name and Address of Business	Start Date	End Date	Your position: Describe your duties:
_____	Starting Wage	Ending Wage	_____
Telephone # _____			
Supervisors Name: _____		Reason for Leaving: _____	

Have you ever been convicted of a felony? Yes ___ No ___

Within the past five years have you been convicted of a misdemeanor (with the sole exception of a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace)? Yes ___ No ___

If you answered yes to the question above please detail the charge and the final disposition.

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "No Record" with respect to an inquiry about such a conviction. I authorize the individuals, employers and schools named above to release any information regarding my previous employment, character general reputation and personal characteristics.

YES ___ NO ___

I understand that any offer of employment is contingent upon my passing a work related physical examination and acceptance of information from a **Criminal Offender Record Information (CORI)** check.

I swear that the information on this application is true, complete and correct. I authorize the Center for Extended Care to investigate my past employment, education, and activities. I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or omissions shall constitute sufficient cause for denial of employment or immediate discharge. It is also my understanding that this application, or the granting of an oral interview, **does not** represent a contract or a promise of future benefits by the Center for Extended Care.

Applicant's Signature

Date

ATTENTION APPLICANT:

The following forms are release of information statements which must be signed by you. They will be mailed to the references you indicated on page 2. Please sign and date all statements.

EMPLOYMENT WILL NOT BE CONSIDERED UNLESS ALL RELEASES ARE SIGNED.

Center for Extended Care at Amherst
150 University Drive
Amherst, Ma 01002

I _____ do hereby authorize you to release to the Center for Extended Care any and all records pertaining to my pasty employment and/or education and hereby release you from all liability for damage for providing this information.

Applicant's Signature

Witness

Date

Center for Extended Care at Amherst
150 University Drive
Amherst, Ma 01002

I _____ do hereby authorize you to release to the Center for Extended Care any and all records pertaining to my pasty employment and/or education and hereby release you from all liability for damage for providing this information.

Applicant's Signature

Witness

Date

Center for Extended Care at Amherst
150 University Drive
Amherst, Ma 01002

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Witness

Date