

The Tremont Rehabilitation & Skilled Care Center

Application for Employment

The Tremont Rehabilitation & Skilled Care Center is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, handicap or veteran status.

PERSONAL DATA:

Date: _____

1. Name: _____
Last First Middle

2. Social Security No: _____

3. Street: _____

4. Home Telephone: _____

5. How were you referred to us?

Newspaper Walk In Agency

School Employee Other

Name of Referral Source: _____

6. Are you legally authorized to work in the United States? Yes No

Note: If you are hired, you will be required to submit proof of legal right to work in the United States.

7. Are you over 18 years of age? Yes No

8. If no, are you over 16 years of age? Yes No

9. Professional License Held: _____ Number _____

POSITION/AVAILABILITY:

1. Indicate the position for which you are applying: _____

2. Number of hours per week you are interested in? _____

3. Shift Desired Day Evening

4. Salary Desired _____

5. When could you start? _____

6. Have you ever worked for this company before? Yes No

If yes, please specify date, facility/division and location: _____

7. Have you ever applied for employment with this company before? Yes No

8. Nursing facilities are open 24-hours per day, 365 days per year. Therefore, would you be willing to work:

a. Nights? Yes No

- b. Rotating Work Schedule? Yes No
 c. Flexible Schedule? Yes No
 d. Overtime? Yes No

Comments: _____

EMPLOYMENT HISTORY:

List below the names of all employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or most recent employer first. You may use the reverse side of this application if necessary.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	REASON FOR LEAVING	TITLE/NATURE OF WORK	NAME/TITLE OF IMMEDIATE SUPERVISOR	PHONE NUMBER

2. Are you employed now? Yes No
 If yes, may we inquire of your present employer? Yes No

3. Do you have any commitments to another employer which might affect your employment with us?

4. Are you subject to any restrictive covenants from your prior employment such as agreements to protect confidential or propriety information or agreements not to compete? If so, please explain.

Provide the following information regarding 3 persons not related to you who have known you longer than 1 year (preferably work related.)

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS AQUIRED	REFERENCE CHECKED BY:

EDUCATIONAL DATA:

TYPE OF SCHOOL	NAME AND ADDRESS	MAJOR OR COURSE STUDIED	GRADUATED (Y OR N)	DEGREE

Subjects or Special Study or Research Work: _____

MISCELLANEOUS:

1. Were you in the U. S. Armed Forces? Yes No

1a. If yes, what Branch? _____

1b. Dates of Duty? From: _____ To: _____

1c. Rank at Separation: _____

1d. Briefly describe your duties: _____

Note: The The Tremont Rehabilitation & Skilled Care Center does not discriminate on the basis of National Guard or Reserve Unit Duty Obligations

2. Please list any other information you think would be helpful to us in considering your for employment, such as organizations, activities, accomplishments, computer skills, etc. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, disability, or handicap.

CRIMINAL HISTORY

1. Have you ever been convicted of a felony? Yes No

If yes, please explain on reverse side of this form.

2. Have you been convicted of a misdemeanor during the past five years? Exclude convictions for drunkenness, assault, speeding, traffic violation, or disturbing the peace? Yes No

If yes, please explain on reverse side of this form.

3. Have you completed a period of incarceration within the past 5 years for any misdemeanor (other than first conviction for any of the following misdemeanors: drunkenness, assault, speeding, traffic violation, or disturbing the peace?) Yes No

4. If the answer to any of the above questions is yes, please state whether you were convicted more than 5 years ago for any offense (other than first conviction for any of the following misdemeanors: drunkenness, assault, speeding, traffic violation, or disturbing the peace?) Yes No

If yes, please explain on the reverse side of this of this form.

Note: an applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer “no record” with respect to inquiry relative to prior arrests or criminal court appearances and adjudication in all cases of delinquency or as a child in need of service did not result in a complaint transferred to the superior court for criminal prosecution. A conviction will not necessarily disqualify you for the job for which you applied.

AGREEMENT: (Please read the following statements carefully).

I understand and agree that prior to any job offer, I will be given a written description of that job and will be asked about my ability to perform specific job functions or duties involved in that job.

I certify that all information on this application and any other material provided by me are true and complete. I agree that falsified information, misrepresentation, or omissions in this application, or any accompanying resume or other materials will disqualify me from consideration for employment with the The Tremont Rehabilitation & Skilled Care Center and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize The The Tremont Rehabilitation & Skilled Care Center or its agents to investigate and/or verify all information in this application, including contacting persons, schools, current employer (if applicable), previous employers, and other individuals or entities named herein (and those named on accompanying resume, if any.) I hereby authorize my former employer and other third parties named on this application to release information pertaining to my work record, habits, and performances. In doing so, I hereby release them and the The Tremont Rehabilitation & Skilled Care Center and its agents from all liability which may flow from the release of such information.

I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at anytime, and that The Tremont Rehabilitation & Skilled Care Center will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of The Tremont Rehabilitation & Skilled Care Center. I further acknowledge that I am expected to abide by all Company rules, regulations and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Signature

Date

Note: 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.

AUTHORIZATION FOR DISCLOSURE OF EMPLOYMENT

This is to certify that I, _____
Give permission to you to give information regarding my past dates of employment with you. Your cooperation is appreciated.

Date: _____ Time: _____

Employee Signature: _____

**THE TREMONT
REHABILITATION AND SKILLED CARE CENTER
605 MAIN STREET
WAREHAM, MASSACHUSETTS 02571**

508-295-1040
Phone

508-291-1904
Fax

M.G.L. c 6 §172E CORI REQUEST FORM

The Tremont Rehabilitation and Skilled Care Center is requesting all the available criminal offender record information on the below named individual from the Criminal History Systems Board pursuant to M.G.L. c 6 §172E, which mandates that long term care facilities complete background checks on current or prospective employees who will provide direct personal care and treatment to residents of said facility.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: ____ - ____ - ____

ADDRESS: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE