

SUFFIELD BY THE RIVER APPLICATION FOR EMPLOYMENT

Federal and state law prohibits discrimination because of sex, race, color, religious creed, age, national origin, marital status, mental or physical disability, including, but not limited to, blindness.

Suffield by the River's company policy does not allow its employees to smoke while at work. Suffield by the River pays employees for break and meal times. It is a smoke-free work environment.

Name: _____ Date: _____

Current Address: _____

Phone Number: Home: (_____) _____ Work: (_____) _____
Cell: (_____) _____

Are you over the minimum legal working age? Yes No

Position applying for: _____ Rate of pay expected: \$ _____

Number of Hours Desired: _____ Full Time Part Time

Shifts available to work: _____

If applying for a nursing position, please complete:

RN LPN Other -- _____

Connecticut Nursing License No. _____

Massachusetts Nursing License No. _____

If applying for a nurses aide/home health aide position, please complete:

Certified Yes No Where trained: _____

Registered Yes No If yes, Registration No.: _____

Other: _____

EMPLOYMENT HISTORY (please list in order with most recent employment first)

| Employment Began | Employment Ended | Name, Address and Telephone Number of Employer | Position | Reason for Leaving |
|------------------|------------------|--|----------|--------------------|
| | | | | |
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May we contact the employers listed? Yes No

If no, please indicate the employer(s) you wish us to contact:

If you have worked under a different name at any of the job(s) listed above, please indicate the different name and when used: _____

Please supply us with three personal references (no relatives).

| Name | Address | Telephone Number | Occupation |
|------|---------|------------------|------------|
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| | | | |
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Please list other qualifications (skills, training, experience, etc.) not listed elsewhere on this form which would specifically fit you for work with this Facility:

Additional comments that you feel would be important in our consideration of your application:

If hired, do you have a reliable means of transportation? Yes No

How did you learn of this Facility? _____

EDUCATIONAL BACKGROUND:

| Type of School | Name and Location of School | Years Attended | Year Graduated or Expected Date of Graduation | Major |
|-----------------------|-----------------------------|----------------|---|-------|
| Grammar/Grade School | | | | |
| High School | | | | |
| College | | | | |
| Post Graduate | | | | |
| Business/Trade School | | | | |

LEGAL RIGHT TO WORK IN THE UNITED STATES

Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes No

OTHER CRITERIA FOR EVALUATING SUITABILITY FOR EMPLOYMENT

Disciplinary Action from Licensing Agency:

Suffield by the River requires that all prospective employees must completely answer these questions:

1. Have you ever been subject to disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? If so, please identify the nature and the date of action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness for employment. Yes No

If yes, answer all questions asked in Question 1 above.

2. Have you ever been discharged from a job? Yes No

If yes, please explain:

LIMITATIONS OR DISABILITIES

1. Are you fully able to perform the duties of the job for which you have applied for without endangering yourself, other employees or residents?

Yes No

If no, please describe any tasks, which you are not able to perform and what accommodation is necessary to enable you to perform such task.

I agree to take a physical examination at the Facility’s request at any time after I am offered a position. I also agree that the examining physician may disclose the findings of the examination to the Facility or its authorized agent. Further, I agree to release and hold harmless the Facility, its officers, agents and employees from any liability based upon the request for administration and use of the results of any physical examination.

- Physicals are completed by a clinic preferred by Suffield by the River, at the employee’s cost. The name and address of the preferred clinic will be provided to employee.

It is Suffield by the River's company policy that employees may not smoke while at work. Suffield by the River pays employees for break and meal times. I understand and agree to this policy.

Signature of Applicant

Date

VERIFICATION OF FACTS STATED BY APPLICANT IN THIS APPLICATION FOR EMPLOYMENT

I hereby certify that the facts set forth in the above Application for Employment are true and complete. I understand that falsification or elimination of facts will jeopardize hiring or constitute cause for dismissal. I also understand that employment will be on an employment-at-will status. I understand my employment can be terminated any time and for any reason by either the facility or by myself. If hired, I will abide by all rules and regulations, however, I understand that such rules may be changed at any time by the Facility as necessary.

Signature of Applicant

Date

Thank you for completing this application and for having an interest in employment with Suffield by the River. If there is not a current opening for the position for which you have applied, your application will be kept on file for 30 days in case of an opening. After that, the position must be re-applied for.

In compliance with the Civil Rights Act of 1964, Title VI, and other state and Federal Laws, this Facility will be fair and impartial in relations with personnel and applicants for employment – be it recruiting, discharging, transferring, training, layoff, compensation or terms, conditions or privileges of employment benefits – without regard to race, color, religious creed, age, sex, marital status, national origin, mental or physical disability, including, but not limited to, blindness.

SUFFIELD BY THE RIVER

Applicant's Authorization to Release Information

I hereby give permission to Suffield by the River to make inquiries to my current and former employers as noted by my selection of A or B below:

- _____ A. At this time, my current and former employers may be contacted.
- _____ B. At this time, just my former employers may be contacted. Once, however, a new job has been offered to me and/or I have left my current employment, Suffield by the River may, at that time, contact such employer.

I also give permission to Suffield by the River to make inquires to licensing or registration authorities (with respect to the current status, etc., of my professional license) and to any other party to verify other representations, I have made in my employment application, resume, or during any interviews.

I agree not to hold anyone liable for such inquiries regarding my experience, character, and the reason for leaving any and all past employment.

I understand that my failure to give correct and complete information on my employment application, resume, or during personal interviews will be considered grounds for dismissal upon discovery thereof.

Print Name of Applicant

Date

Signature of Applicant

Original to be kept in employee file or with application before hire. Copy of this authorization will be sent with reference check.