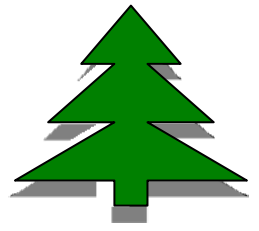




Sudbury Pines Extended Care Facility
642 Boston Post Road
Sudbury, MA 01776
1-(978) 443-9000



EMPLOYMENT APPLICATION

Prospective applicants for employment are considered without regard to race, color, religion, sex, sexual preference, marital status, national origin, age or handicap, as defined by law.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and or interview process should notify a representative of the Human Resources Department.

PERSONAL INFORMATION

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Preference: Home Phone: _____ Cell Phone: _____

WorkPhone: _____ Text#: _____

May we contact you? Yes No. If yes, what is the best time and how? _____

How long have you been at your present address? _____

How long have you been at your previous address? _____

POSITION DESIRED

Department: _____ Position: _____ #Wkly Hrs: _____ Shift: _____

Department: _____ Position: _____ #Wkly Hrs: _____ Shift: _____

Availability:

Check all that apply: Full Time Part Time Per Diem Weekend Temporary Seasonal

Shift Available: 7-3PM 3-11PM 11-7AM Other: _____

Please list 1st & 2nd choice of shift 1st Choice _____ 2nd Choice _____

If part time, specify days/hours: _____

Date available to start to work: _____

HOW DID YOU KNOW ABOUT US?

Have you ever worked for Sudbury Pines before? Yes No If yes, when: _____

Do you have friends or relatives with us? Yes No If yes, list Name (s): _____

How did you know about the position? Agency: _____ Walk-in Other: _____

Advertisement: _____ Employee Referral: _____

Why are you interested in working for Sudbury Pines and what are your career objectives: _____

EDUCATION INFORMATION

School	Name & Address of School	Degree/Diploma	Major/Minor
High School/GED		<input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No	
Other (Specify)		<input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No	

PROFESSIONAL LICENSE

Have you worked as (check one): HHA/PCA C.N.A LPN RN Other _____

Did you hold any License? Yes No. If yes, please provide License# _____ & Date _____

Have you have ever had a Professional License suspended or revoked? Yes No.
Explain: _____

OTHER INFORMATION

Please list any additional skills, certifications or courses taken that would support your candidacy: _____

Military: Did you serve? Yes No If yes, When & Where: _____

Describe any relevant training: _____

EMPLOYMENT HISTORY

Provide the following information begin with your most recent position and list back to your first position. You may include military service assignments and any verifiable work performed on a volunteer basis.

From _____ To _____ # Of Hrs. _____	Employer Name _____
Position/Duties _____	Street _____
Supervisor/Contact _____	City _____ State _____ Zip _____
May we contact Employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No,	Telephone _____
Reason for Leaving _____	

From _____ To _____ # Of Hrs. _____	Employer Name _____
Position/Duties _____	Street _____
Supervisor/Contact _____	City _____ State _____ Zip _____
May we contact Employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No,	Telephone _____
Reason for Leaving _____	

From _____ To _____ # Of Hrs. _____	Employer Name _____
Position/Duties _____	Street _____
Supervisor/Contact _____	City _____ State _____ Zip _____
May we contact Employer for verification? <input type="checkbox"/> Yes <input type="checkbox"/> No,	Telephone _____
Reason for Leaving _____	

PROFESSIONAL REFERENCES

Please list (3) professional work-related references who are not related to you and are previous supervisors. (If first job, provide (3) school-related references).

Name	Address	Position & Company	Telephone

PERSONAL REFERENCES

Please list (2) personal references who are not related to you and are not previous supervisor.

Name	Address	Position & Company	Telephone

VERIFICATION

It is unlawful in Massachusetts to require 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 liabilities.

PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW

I declare my answers to the questions on this application are true and give Sudbury Pines the right to verify all information given. I understand that any false statement or misrepresentation on this application may subject me to the rejection of my application or to immediate dismissal if I have been hired by Sudbury Pines. I understand that my employment may be terminated by Sudbury Pines at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to my employment or in the future during my employment with Sudbury Pines. I understand that employment is at will and that either party is free to terminate the employment relationship at any time without cause. I understand that any employment offer is contingent upon satisfactory employment and educational references, including criminal offense record inquiry (CORI) where applicable. I understand that, in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Thank you for your interest in Sudbury Pines Extended Care Facility.

Our expectations for each Sudbury Pines employee are that the person must adhere to the following Standards:

- 01- Must be caring, dependable and truthful
- 02- Must limit piercing jewelry to ears only, and earrings must be minimal in size
- 03- Must never accept gifts from vendors, residents and/or their families
- 04- Must be able to speak and understand English proficiently
- 05- Must attempt to conceal any tattoo over the size of a quarter
- 06- Must have reliable transportation
- 07- Will never come to work after consuming alcohol or taking any mind-altering drugs of any kind
- 08- Will always use appropriate language with residents, their families, colleagues and outside professionals
- 09- Must ensure resident and family privacy by not speaking in common areas or public spaces about any resident
- 10- Must be on time and ready to work at the start of each shift
- 11- Must keep cell phones off the floors and use them only during break time
- 12- Must always report to work in clean uniform, wearing their nametag at all times
- 13- Must always have a presentable, clean and neat appearance
- 14- Must perform in accordance with the job description
- 15- Must adhere to all policies listed within the Sudbury Pines Extended Care Facility Employee Handbook

Name of Applicant (Please Print) _____

Signature of Applicant _____ Date: _____

REFERENCE CHECK

I hereby give _____
(Former Employer – Please Print)

written authorization to provide **Sudbury Pines Extended Care Facility** the information requested below in consideration of my application for employment and agree not to hold my former employer liable either civilly or criminally for providing this information. I understand that **Sudbury Pines** will hold this information in strictest confidence and not share it with me.

Name of Applicant (Please Print) _____

Signature of Applicant _____ **Date** _____

**** APPLICANT: DO NOT WRITE BELOW THIS LINE ****

The above person has applied for a _____ position at **Sudbury Pines Extended Care**, any information you can provide would be appreciated. Please complete the information in the space below and fax to: (978) 443-9510 attention to HR. Thank you for your time.

_____ Human Resources Department

Company: _____

Contact Person: _____ Contact Title: _____

Dates of Employment From: _____ To: _____

Previous Position: _____ Type ___ FT ___ PT ___ Per Diem ___ Weekend ___ Temporary ___ Seasonal

Reason for leaving previous Job: _____

Eligible for Rehire? ___ Yes ___ No

Performance: _____

Attendance: _____

Dependability: _____

Additional Information/Comments: _____

Verified By _____ Title _____ Date _____

Company: _____

Contact Person: _____ Contact Title: _____

Dates of Employment From: _____ To: _____

Previous Position: _____ Type ___ FT ___ PT ___ Per Diem ___ Weekend ___ Temporary ___ Seasonal

Reason for leaving previous Job: _____

Eligible for Rehire? ___ Yes ___ No

Performance: _____

Attendance: _____

Dependability: _____

Additional Information/Comments: _____

Verified By _____ Title _____ Date _____