

Gardner Rehabilitation and Nursing Center

59 Eastwood Circle
Gardner, MA 01440
Phone 978-632-8776
Fax 978-632-5048

Application for Employment

Prospective employees are considered without regard to religious creed, national origin, ancestry, age, race, color, material status, sex, sexual orientation, status as a qualified individual with disability under laws, or status as a disabled Vietnam era veteran.

PERSONAL INFORMATION

Name: (Last) (First) (Middle)

Address: (Street) (City and State) (Zip Code)

Date of Application: Phone Number: Social Security Number:
Age if under 18: Can you furnish a work permit?

Referred by:

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 an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services, which did not result in a complaint transferred to the superior court for criminal prosecution. A conviction record may not necessarily be a bar to employment.

Have you been convicted of a Felony within the last 10 years? If yes please explain:

EMPLOYMENT DESIRED

Position Desired: Are you currently employed?

Date you can start? Are you seeking: Full time Part time Per Diem

Check which of the following shifts you are willing to work: Days: Nights: Weekends:

Were you ever employed here? Yes No If yes, when and what job?

Have you ever applied here before? Yes No If yes, when and what job?

NURSING CERTIFICATIONS ONLY

Are you eligible for a Mass License or Cert.? Are you currently Licensed in Mass?
Expiration Date:

REFERENCES

Please list 3 people (Not relatives or former employers) that you know.

(Name) (Address, City, State) (Phone Number) (Years Known)

(Name) (Address, City, State) (Phone Number) (Years Known)

(Name) (Address, City, State) (Phone Number) (Years Known)

EMPLOYMENT HISTORY

Please list most recent employer first

May we contact your present employer for a reference? _____

You may list all volunteer work that can be verified.

Date Started	Name and Address of Employer	Your Position	Final Salary	Reason for Leaving
Date Left		Name of Immediate Supervisor		
Date Started	Name and Address of Employer	Your Position	Final Salary	Reason for Leaving
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Date Started	Name and Address of Employer	Your Position	Final Salary	Reason for Leaving
Date Left		Name of Immediate Supervisor		

EDUCATION

Level	Name of School	City	State	Did you Graduate?	Degree Received?	Major?
High School						
College						
School of Nursing						
Other						
Other						

Please list any special skills you feel would be relevant to the position you have applied for:

If hired, can you verify your right to work in the United States? _____

All employers are required to comply with the immigration Reform and Control Act by verifying the identity and work authorization of all newly hired employees, whether or not they are U.S. Citizens within three days of hire.

All candidates offered employment are required to take and successfully pass a pre-employment physical examination and an Intradermal Skin Test for Tuberculosis prior to the start of employment. The physical exam is scheduled with our designated physician and paid for by the Legend Center. The skin test will be administered and read at the facility.

Applicants Initials: _____

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 penalty and civil liability.

CERTIFICATIONS AND RELEASE

It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or promise any future employment or benefits by the Gardner Rehab & Nursing Center. I understand and agree if hired, my employment will be at-will and may be terminated, with or without cause, at any time, by either my employer or myself. I also understand that this written statement supercedes any and all oral representations made by employees, representatives, or agents of the Gardner Rehab & Nursing Center.

The statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time the Legend Center discovers any material falsification, omission, or misrepresentation of fact in this application.

I further authorize the Gardner Rehab & Nursing Center to conduct a background inquiry to verify the statements and information on this application, other documentation I have provided, and other areas that may include prior employment, criminal convictions, motor vehicle history, and other reports. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the Gardner Rehab & Nursing Center. I hereby release any individual, former employer, agency, and the Gardner Rehab & Nursing Center, its officers, directors and employees, from all claims or liabilities whatever that may arise from the disclosure of such information.

My signature certifies that I have read and agree with the above statements.

Signature of Applicant: _____ Date: _____

Please complete the CORI request form.

FOR OFFICE USE ONLY

Position Offered: _____ Position: _____

Orientation Date: _____ Work Start Date: _____

Comments: _____

Supervisor's Signature: _____ Date: _____

Gardner Rehab Center
NEW EMPLOYEE HIRING PROCEDURE CHECKLIST

Potential Employee: _____ Position: _____

<u>To do...</u>	<u>Completed Initials/Date</u>
Application completed by employee	_____
Interview by Dept. Representative and complete job offer if appropriate	_____
Supervisor sends out Reference Requests	_____
Set up Orientation with SDC	_____
Set up Mantoux Test with SDC	_____
Set up Physical with SDC	_____
Supervisors completion of application	_____
Notify New Employee of Phys, Orien, & Mantoux (Tell employee to bring 2 forms of ID & Work Permit if applicable to Orientation)	_____
Application to Asst. Admin. for CORI & NAR	_____
Employee completes physical	_____
Employee has Mantoux & has it read later	_____
Employee completes orientations	_____
Supervisor completes new hire paper work from SDC	_____

Supervisor

Date

**CLERICAL FORM
CORI REQUEST FORM**

Gardner Rehabilitation & Nursing Center has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for Legend Center, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____

SIGNATURE OF AUTHORIZED EMPLOYEE

* The CHBS Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHBS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617)-660-4614.

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DIRECT CARE STAFF FORM
M.G.L c. 6, 172E CORI REQUEST FORM

Gardner Rehabilitation & Nursing 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 Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SIGNATURE OF AUTHORIZED EMPLOYEE

* The CHBS Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHBS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to (617)-660-4614.**



GARDNER

Rehabilitation and Nursing Center

Request for Reference

Gardner Rehab requires that prospective employees have two completed reference requests prior to employment commencing. This form allows your prior company to release information regarding your employment with them. Please fill out TWO of these forms completely or your application will not be considered.

EMPLOYEE INFORMATION:

Applicant Name: _____ Position Applied For: _____

Applicant Address: _____
Street Name and Number City State Zip Code

PREVIOUS EMPLOYMENT INFORMATION:

Company Name: _____ Phone Number: _____ Fax Number: _____

Name of Contact: _____ Title: _____

Company Address: _____
Street Name and Number City State Zip Code

AUTHORIZATION FOR RELEASE:

I, _____, hereby authorize the aforementioned company to release any and all information requested on this confidential reference request.

Applicant Signature _____

Date _____

EMPLOYER REFERENCE:

When was the above-listed person employed? _____ to _____ Position: _____

Please list job duties, position and responsibilities: _____

Reason For Leaving: Voluntary _____ Involuntary _____ Would you Rehire and Why? _____

Please indicate whether the employee's performance was excellent, average or below average:

Quality of Work: _____ Attendance: _____ Cooperation: _____ Initiative: _____

Reliability: _____ Job Knowledge: _____ Overall Performance: _____

Comments: _____

Name of Person Completing this Form: _____ Title: _____ Date: _____

Signature: _____