Health Services Application for Employment

Saint Joseph Living Center

14 Club Road Windham, CT 06280 (860) 456-1107

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation

to the application and/or interview pro	cess should notify a representative of the Human	Resources Department.
Position(s) applied for		Date of application//
Name		
Address	FIRST MIDDL	
STREET	Mobile/Beeper/Other Phone #()	STATE ZIP CODE E-mail Address
Telephone # ()		E-man Address
Emergency Contact	Phone ()	
•	can you furnish a work permit?	☐ Yes ☐ N
If no, please explain		□ Vac □ N
	fore? If yes, give dates and positions	
	nt in this country?	ge?\$
Date available for work	•	
Type of employment desired	ıll-Time ☐ Part-Time ☐ Temporary	
Type of work schedule interested in (cl	neck all that apply.) □ Days (1st Shift) □ Evenings □ Weekends □ Split Shi	fts
Are you able to meet the attendance re	quirements of the position?	& _
Are you able to meet the attendance re	quienes of the position	_
Driver's license number if driving is a	n essential job function	State
Employment History		
	our past three (3) employers, assignments or volur	teer activities, starting with the most recent.
FROM TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS	
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REASON FOR LEAVING		
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□ YES □ NO □ LATER		
REASON FOR LEAVING		
Dafaranas	P.	
References	NAME	TELEPHONE NUMBER OF
		YEARS KNOW!
		()

Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experience, Home Health Care, Urgent Care, Senior Care, Pharmacy, Voluntary Service, etc.): License and Certification Information	List any special training that you've completed for which you are applying:	that may qualify you as bein	g able to perform	job-related funct	ions in the p	osition
LISE all applicable licenses or certifications that you have and their expiration dates below: LICENSECERTIFICATION	functions in the position for which you are appl	lying. (For Example: Clinical	y qualify you as Experience, Hoi	being able to perf ne Health Care, U	orm job-rela Irgent Care,	ted
COLEGE THE APPLICABLE) TO ATE ISSUED TO ATE ISSU	No. 10 122 No. 10 10 10 10 10 10 10 10 10 10 10 10 10					
Educational Background of private to the provided in order to apply for and secure work with the employer is true, complete and correct. Applicant Statement Confidence without any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. Expressly authorize, without reservation, the employers, its representatives, employees or agents to contact and others in information from all references (personal and professional), employers, public agencies, hieraring authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in its service, imployers, public agencies, hieraring authorities and educational institutions or organizations for furnishing such information and nordersolously, employers, public agencies, hieraring authorities and educational institutions or organizations for furnishing such information of repulsions, resume or job interview. Interby water any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for exclude, guiltonia, and to dispervies or organizations for furnishing such information and the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any pericent from consideration for employment or a basis prohibited by applicable local, state or federal law. In a proprietation of the purpose of limiting or excusing any pericent from consideration for employment or an average and application and an example and the contract of the purpose of limiting or excusing any pericent from consideration for employment or any specified period or definite duration. Inderstand that or submitted to make any assurances to except any and that no impliced, or or without cause and without prior notice, and the employer rese		you have and their expiration	dates below:	1 1		1
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This Section For SJLC Use Only; D.O.H Pay Rate Shift # of HRS	I certify that I have read, fully understa	nd and accept all terms	of the foregoin	g Applicant St	atement.	
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	This Section For SJLC Use Only;	100			F-1	
	D.O.H Pay Rate		Shift	# of	HRS	
	Dept. Head Signature					

Special/Related Training