

Health Services Application for Employment

Saint Joseph Living Center

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

PLEASE PRINT

CURRENT AS OF 10/97

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

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

Emergency Contact _____ Phone (____) _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No
 If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for work _____ / ____ / ____ What is your desired salary range?..... \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Type of work schedule interested in (Check all that apply.) Days (1st Shift) Evenings (2nd Shift) Nights (3rd Shift) Pool
 Weekends Split Shifts Rotating Shifts Overtime

Are you able to meet the attendance requirements of the position?..... Yes No

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS		
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS		
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
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REASON FOR LEAVING			

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
()	()	
()	()	
()	()	

Special/Related Training

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying:

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 all applicable licenses or certifications that you have and their expiration dates below:

LICENSE/CERTIFICATION	# (IF APPLICABLE)	DATE ISSUED	EXP. DATE
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Educational Background (if job related)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that 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.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

This Section For SJLC Use Only:

D.O.H. _____ Pay Rate _____ Shift _____ # of HRS _____
 Dept. Head Signature _____ Misc. _____