# **Charlton Manor Rest Home**

# **Application for Employment**

Our company is an equal employment opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability which is not job-related.

This application will be given every consideration; however, its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Please print legibly.

Name:		DOB	•		
Address:	City:	State:	Zip:		on description of the control of the
Phone:	Email address:		, Who was a second second		and the design of the state of
Are you a citizen of the US or do you have a l	legal right to be emplo	oyed in the United S	States?	YES or	NO
Have you ever been convicted of any crime (	excluding minor traffi	c violations) includi	ng DWI?	YES or	NO
If yes, state the offense, location, date and d Note: a conviction will not necessarily disqua					
Have you ever been fired from a job? If yes,	explain			and the state of t	
Have you ever been injured on the job?					property of the second
Collected Workman's Comp Insurance?					
Do you have any obligations or other reasons	s which would limit yo	our ability to work o	vertime?	YES or	NO
If yes, please explain:					
EMPLOYMENT DESIRED:					
Are you seeking: (Circle One) Full-Time / Par	rt-Time / Temporary	Available Sta	rt Date:		
Position applying for:		Salary Desire	ed:		
Have you ever applied to our company before	re? YES or	NO			
How did you learn of our company and/or po	osition?				
Are there any days or hours you are unable of	or unwilling to work?	YES or NO			
Is yes, please specify:				water-transaction and telephone 2-3 to 2-	
Are you willing or able to work holidays?	YES or NO				

YES or NO

Are you willing or able to fill in on extra shifts when needed?

# **Education History**

	Name & Location of School	Years Attended	Did you Graduate	Areas of Study
High School				
College		A STATE OF THE STA		
Trade, Business or Corresponding School				
Military Service			<u> </u>	
Special Skills				
Certifications	4444444			
	Emple	oyment H	istory	

Employment Dates	Name & Address of Employer	Position	Reason for Leaving

#### References

(Please provide 4 references, 2 personal references not related to you, known at least one year, and 2 former employers)

Name	Address	Phone Number	Years Known	Employer or Personal

### **Pre-Employment Questions**

Do you have reliable transportation?

**YES or NO** 

Are you able to work independently?

**YES or NO** 

Are you able to keep calm and stay in control in an emergency situation?

YES or NO

Will you be comfortable assisting residents (Male and Female) with Toileting Needs?

**YES or NO** 

On Occasion we have residents that are in need of Hospice Care, Are you comfortable with providing and assisting in End of Life Care? YES or NO

#### **AFFIDAVIT**

I certify that my answers are to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any dales, misleading or otherwise incorrect statements made on this application or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Charlton Manor Rest Home to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications. I give my full and complete consent to their revealing all information the wish because of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for deformation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such test when asked will be grounds for my immediate termination. I further understand that no one in the Charlton Manor Rest Home is authorized to enter into any written or verbal employment contracts with me for any definite period without the express written consent of the Owner or Manager of the Charlton Manor Rest Home. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.

Applicant Signature	Date
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# **CORI REQUEST FORM**

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board 200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150

Charlton Manor Rest Home, LLC. has conviction and pending criminal case dates	ata. As a (prospective) employee/volu	nteer for the position of
will not necessarily disqualify me. The	. I understand that this is a criminal information below is correct to the best	
Applicant Signature:		
Applicant Information		
Last Name	First Name	Middle Name
Maiden name or alias (if applicable)	Moth	er's Maiden Name
Social Security #:	Driver's License #:	ST:ST:
Date of Birth:	Place of Birth:	
Present Address:		
Sex:ft	in. Weight:	Eye Color:
The above information was verifi photographic identification:	ed by reviewing the following fo	orm of government issued
Requested by:(Signature of authorized employe	e of Charlton Manor Rest Home	<del>)</del>
	submitted and paid for by Charlton  4RLTON MANOR REST HOME, LL	
	12 TOWN FARM ROAD CHARLTON, MA 01507	
Name of applicant (Print):		Date: