



Serving persons as they age since 1889

Application for Employment

Dear Applicant:

Thank you for your interest in Deaconess Abundant Life Communities. All applicants are considered for positions without regard to race, color, religion, sex, sexual orientation, national origin, ancestry, age, military status, disability, genetics or other characteristic protected by applicable state or federal law.

Please Print

Application Date _____

Personal Information

Name _____				
Last	First	Middle		
Address _____				
Number	Street	City	State	Zip
Phone No.: () _____ (Home)		Phone No.: () _____ (Business)		
Cell Phone: () _____		Email address: _____		

Source Information

Position(s) Applied For: _____	
How did you hear about the opportunity?	
Advertisement in _____	College/School: _____
Deaconess employee (name): _____	Walk in: _____
Employment Agency (name): _____	Other: _____

Employment Information

Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
Are you available to work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please specify days and hours if part-time or temporary: _____			
Do you have employment that will continue if you were employed here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date you would be able to start work? _____	Desired starting salary? _____		
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates: _____
If hired, can you present evidence of your legal right to work in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If offered employment and you are under age 18, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List Name(s) _____

Previous Employment

Please list below, all present and past employment, beginning with your most recent.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Manager's Name	Starting	Final	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary	Salary	
Phone #:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Manager's Name	Starting	Final	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary	Salary	
Phone #:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Manager's Name	Starting	Final	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary	Salary	
Phone #:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous Employment Continued

Employer	Dates Employed		Work Performed
	From	To	
Address			
Manager's Name	Starting	Final	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary	Salary	
Phone #:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you need additional space, please continue on a separate sheet of paper.

List work performed on a volunteer basis, professional, trade or business activities (exclude those which indicate race, color, religion, sex, sexual orientation, national origin, age, or military status or disability):

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NOTE: Massachusetts law requires all applications for employment to contain the following language: 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 penalties and civil liability.

Educational Data

Schools	School (include name, street address, City and State)	Type of Course or Major	Years Completed	Graduated		Degree Received
				Yes	No	
High School						
College						
Graduate						
Trade or other						

Other special training or skills that are relevant to the job for which you are applying (language, computer software, etc.):

Professional Licensing and Certification (all Clinical Staff):

Registered Nurse State Issued _____ Expiration Date: _____
 Licensed Practical Nurse: State Issued _____ Expiration Date: _____
 Certified Nursing Assistant: State Issued _____ Date Certified: _____
 CPR Certification Yes: ____ NO: ____ Date: _____

Reference Information

Please provide us with at least **3 BUSINESS** references, **2 of which should be your direct Manager or supervisor** from your most recent employment:

Name	Address	Occupation/Phone Number
1.		Occupation: Relationship to you: Phone # ()
2.		Occupation: Relationship to you: Phone # ()
3.		Occupation: Relationship to you: Phone # ()

Agreement Please read and signs below

I certify that the information on this application is true, complete and correct. I authorize Deaconess to investigate all my past employment, education and relevant activities and I release from all liability all persons, companies and corporations supplying such information. Upon termination, I authorize Deaconess to provide information to my prospective employers regarding my employment history and performance, and I hereby release Deaconess and any person employed by it or associated with it from all liability in connection with the provision of such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge at any time. I understand that, if employed, I will be bound by all policies and procedures, which may be changed at any time without notice to me. I further understand that, if hired, my employment will be for no definite period of time and it is terminable at will at my option or the option of the company. I agree to conform to the rules, regulations and procedures of the company, which I acknowledge are subject to change. It is also my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment of a promise of future benefits by Deaconess. I also understand that this application will remain active for employment considerations for sixty days. This application is not considered valid unless signed and dated.

Signature of Applicant: _____ Date: _____