

Chestelm Health & Rehab

Application For Employment

Position Applied for: _____ Date of Application: _____

Referral Source(i.e. newspaper, relative, walk in) _____

~~~~~  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell/ #: \_\_\_\_\_

If you are under 18 can you furnish a work permit?       Yes       No

Have you submitted an application here before?       Yes       No

Have you ever been employed here before?       Yes       No

If yes, give dates and position held \_\_\_\_\_

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

Type of employment desired?       Part Time (below 30 hrs/wk)       Full Time(30+ hrs/wk)

Will you work overtime if required?       Yes       No

Have you been convicted of a crime in the last seven years?       Yes       No

If yes, please explain: \_\_\_\_\_  
Conviction will NOT necessarily be a bar to employment; each instance and explanation will be considered in relation to the position for which you are applying.

### **EDUCATIONAL BACKGROUND**

Elementary School \_\_\_\_\_ Years Completed: \_\_\_\_\_

High School \_\_\_\_\_ Years Completed: \_\_\_\_\_

College: \_\_\_\_\_ Years Completed: \_\_\_\_\_

If college or technical school list Major/Minor and GPA \_\_\_\_\_

**PERSONAL REFERENCES**

List the name and address of three personal references that are not related to you, nor are previous employer

| NAME | MAILING ADDRESS | YEARS KNOWN |
|------|-----------------|-------------|
|      |                 |             |
|      |                 |             |
|      |                 |             |

**ADDITIONAL INFORMATION:**

List all Professional licenses currently held.

Licensed for: \_\_\_\_\_ License Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Licensed for: \_\_\_\_\_ License Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Licensed for: \_\_\_\_\_ License Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Have you ever been subject to any decision imposing disciplinary action by the licensing agency in any state, the District of Columbia, a United State possession or territory or a foreign jurisdiction? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Explain \_\_\_\_\_

Have you ever had a license revoked or suspended? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Explain \_\_\_\_\_

Is your license currently under investigation? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Explain \_\_\_\_\_

List all special accomplishments, publications, awards, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

List any additional information you would like us to consider.  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:**

| EMPLOYER                                                                                                  | DATES EMPLOYED                                             | JOB TITLE/ DUTIES PERFORMED |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------|
| Employer:<br>Address:<br><br>Reason for Leaving:<br>May we contact for a reference?<br>Yes _____ No _____ | From:<br><br>To:<br><br>Starting Wage:<br><br>Ending Wage: |                             |
| Employer:<br>Address:                                                                                     | From:<br><br>To:                                           |                             |

|                                                                                                           |                                                            |  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| Reason for Leaving:<br>May we contact for a reference?<br>Yes _____ No _____                              | Starting Wage:<br><br>Ending Wage:                         |  |
| Employer:<br>Address:<br><br>Reason for Leaving:<br>May we contact for a reference?<br>Yes _____ No _____ | From:<br><br>To:<br><br>Starting Wage:<br><br>Ending Wage: |  |
| Employer:<br>Address:<br><br>Reason for Leaving:<br>May we contact for a reference?<br>Yes _____ No _____ | From:<br><br>To:<br><br>Starting Wage:<br><br>Ending Wage: |  |
| Employer:<br>Address:<br><br>Reason for Leaving:<br>May we contact for a reference?<br>Yes _____ No _____ | From:<br><br>To:<br><br>Starting Wage:<br><br>Ending Wage: |  |

**COMMENTS** including explanation of any gaps in employment: \_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

List any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

**CONVICTIONS**

Note: A false answer to questions 1-4 below by any person seeking employment in a position connected with the provision of care in a nursing home is a Class A misdemeanor under Connecticut law.

1. Have you ever been convicted or charge with a felony? \_\_\_\_\_
2. Have you ever been convicted of the crime of cruelty to persons? \_\_\_\_\_
3. Have you ever been convicted of the crime of assault of a victim sixty or older? \_\_\_\_\_

If you answered yes to one or more of the above 4 questions, please provide a full explanation below, including details regarding the time, place, and circumstances of the offense.

\_\_\_\_\_

I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION RELEASE AUTHORIZATION FOR CHESTELM HEALTH & REHAB**

I understand that if I am employed, any misrepresentation of material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

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 local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to 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 terminated 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 representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing a designed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit and references.

Medical and Worker's Compensation information will only be requested in compliance with the Federal American's with Disabilities Act and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I acknowledge that a Fax or photocopy shall be as valid as the original. This release is valid for most federal, state, and county agencies including the Department of Labor.

I hereby authorized without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC. or its agent, to furnish the information as described above. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Print Full Name: \_\_\_\_\_

Print other names you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Information Contained Below will not be disclosed to Personal References*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Optional Information

Sex: Female  Male  Race: Asian  Black  Hispanic  White  Other

Drivers License Number: \_\_\_\_\_ State Issuing License \_\_\_\_\_

Name as it appears on license: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_