



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.: (Cell)	_____	Phone No.: (Home)	_____
Email Address:	_____		

Source Information

Position(s) Applied For:	_____		
How did you hear about the opportunity?	_____		
Advertisement:	_____	School:	_____
Deaconess Employee (name):	_____		
Employment Agency (name):	_____	Other:	_____

Employment Information

Preferred Employment Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual/Per Diem
Are you available to work overtime as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please specify days and hours preferred:	_____		
Do you have other employment that will continue if you were to be employed here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Preferred start Date:	_____		
Have you ever applied here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, when? _____
If hired, can you present evidence of your legal right to work in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If hired, and you are under the age 18, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, list name(s): _____

Previous Employment

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

Employer	Your Title
Address	Dates Employed From: _____ To: _____
Manager's Name	Work Performed/ Responsibilities
Phone Number May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Your Title
Address	Dates Employed From: _____ To: _____
Manager's Name	Work Performed/ Responsibilities
Phone Number May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Your Title
Address	Dates Employed From: _____ To: _____
Manager's Name	Work Performed/ Responsibilities
Phone Number May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed here now? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Volunteer and Other

Please list here any work performed on a volunteer basis, professional, trade, or business activities (exclude those which indicate race, color, religion, sex, sexual orientation, national origin, age, military status, or disability).
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Education Information

Schools	School Name, City, and State	Major or Type of Course	Years Completed	Degree Received
High School				
College				
Graduate				
Trade or Other				

Professional Licensing and Certification:

Registered Nurse State Issued _____ Expiration _____
Licensed Practical Nurse State Issued _____ Expiration _____
Certified Nursing Assistant State Issued _____ Expiration _____
CPR Certification Expiration _____

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

Reference Information

Please provide at least 3 professional references, 2 of which should be a direct manager or supervisor from your most recent employment.

Name	Business Name and Address	Contact Information
1.		Relationship to you: Phone Number:
2.		Relationship to you: Phone Number:
3.		Relationship to you: Phone Number:

Agreement—Please read and sign 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 or 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.

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.

Signature of Applicant: _____ Date: _____