

For Internal Use Only Date(s) & Time(s) Contacted:
Date & Time of Interview: Available for Orientation On:

Employment Application

		Applicant information		
Full Legal				Today's
Name: Last		First	MI.	Date:
Home Phone:		Cell Phone:		
Email				
Address: Date	Days & Shift	<u> </u>		
Available:	Desired:	<u> </u>		
Position Applied for: _				
	e of 18, do you have a va provide a valid Work Perm	alid Work Permit? it following a conditional offer of	employment)	YES NO
		alien who has the right to work to work following a conditional of		tes? YES NO
Have you ever worked	for this company?	YES NO ☐ If yes, when?		
	ws prohibit discrimination in	e an Equal Opportunity Employe employment because of sex, age, he armed forces of the United State	race, color, religion,	
		Education & Training		
School/Training	Name of	City, State,	Level	Degree or
Attended	School/Organization	Zip Code	Completed	Certification
High School				
College				
Trade School				
Graduate School				
Military Service				
This	Company Conducts COR	RI, SORI, OIG LEIE & Mass Nur	se's Aide Registry	Checks
incarcerations, and arres Section 172E to complet	ts have been removed from this te Criminal Offender Record Info), all questions relating to felonies and is application. However, please be awa ormation (CORI) requests and this stat ning employees who have certain viola	re that this organization tue, as well as other fede	is required under Chapter 6, eral regulations, prevent this
	Pr	ofessional References		
Please ii	ndicate 3 people that are	able to comment on your wor	k performance and	character
Full Name:		Relationship:	Phone:	
Full Name:		Relationship:	Phone:	
Full Name:		Relationship:	Phone:	

Pr	revious Employment	: - Please begin with the most recent em	ployer
Company:		Phone Number:	
		Name of	
Address:		Supervisor: Skills	
Job Title:		Acquired:	
Responsibilities:			\/F0 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
From:	To:	May we contact this supervisor for a reference	YES NO
		Phone	
Company:		Number:	
Address:		Name of Supervisor:	
		Skills	
Job Title:		Acquired:	
Responsibilities:			YES NO
From:	То:	May we contact this supervisor for a reference	
		Phone	
Company:		Number: Name of	
Address:			
		Skills	
Responsibilities:			YES NO
From:	To:	May we contact this supervisor for a reference	ce?
		nowledgments & Affirmations application, please read carefully and sign belo	ow
my qualifications f may result in deni from liability for so	for employment. I understandial of employment or immedial.	o investigate all pertinent information concerning my applied that falsification, misrepresentation, omission of facts date dismissal. I further agree to release and hold harmle	called for in this application ess all persons and entities
		e to me is conditioned based on satisfactory results of a vent I am offered employment. I also agree to take a phys	
required by the org	ganization during my employr		
Check (CORI) in a	accordance with the above sta	ated guidelines and policies of Goddard Homestead, Inc.	
	ersonal property carried by n s may be inspected by author	ne to/from the facility premises, including packages, brie ized personnel.	fcases, backpacks or other
5. In the event of my of understand that no	employment I agree to comp either this application, nor a ny employment is for no state	ally with all facility rules and regulations, as they may be only other facility document, constitutes an offer or contral term and may be terminated with or without cause or	ict of employment. I furthei
6. In the event of resi these items are no	ignation or termination, I agrot returned, the organization	ree to return all property loaned to me (i.e. badges, unif may withhold from any final compensation due, monies	
		conditioned on my submission of satisfactory proof of le	gal eligibility to work in the
	luding assignments at both I	omestead, Inc. to require all employees to share day, evocations, Goddard House and Homestead Hall, in accord	
Signatura:		D-4	
Signature:		Date:	