



Application for Employment

Saint Francis Rehabilitation and Nursing Center is proud to be an equal opportunity employer. We do not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

Tell Us About Yourself

| | | | | |
|--------------------------|---|----------------------|------------------------------|-----------------------------|
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | MI | Today's date | Date available to start |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Social Security Number | | Primary Telephone | | Email Address |
| <input type="text"/> | | | <input type="text"/> | |
| Street Address | | | City, State and Zip | |
| <input type="text"/> | Are you at least 18 years of age? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Years at current address | Are you authorized to work in the U.S.? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="text"/> | | | | |

List any other names that you have been employed under – please print clearly

Have You Worked With Us Before?

Were you previously employed by Saint Francis Rehabilitation and Nursing Center? Yes No

If YES Date From & To:

Position

Department

Reason for Leaving

If NO, how were you referred? Please specify.

Online Ad:

Employment Agency:

Employee Referral:

Newspaper Ad:

Other:

Do You Have Relatives or Friends That Work Here?

List names and departments of friends and relatives employed by Saint Francis Rehabilitation and Nursing Center. If additional space is needed, please list on another sheet.

| Name | Relationship | Department |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

What is Your Job Interest?

Position(s) for which you are applying:

Check preferred work schedule:

Full-time Part-time Per-diem

Are you willing to relocate?

Yes No

Travel?

Yes No

Work Overtime?

Yes No

Where Were You Educated?

If your school records are under another name(s), please indicate here:

| School Name | School Location | Years Completed | Major/Course Study | Degree |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do You have Professional Licensure?

Are you currently licensed or certified in your profession/occupation? Yes No

In which states are you licensed?

If not licensed in MA, have you applied? Yes No

Professional license, certificate or registration number

Expiration Date:

Other licensure/Certification

Expiration Date:

Has your professional license or certification even been investigated?

Yes No

If yes, please explain:

Has your professional license or certification even been revoked, restricted, limited or suspended?

Yes No

If yes, please explain:

Are you involved in any proceeding or investigation that could affect your license or certification?

Yes No

If yes, please explain:

Please list any job-related and professional, trade, business, fellowships and associations related to your career.

Tell Us About Your Employment History

Please list your last three (3) employers starting with the most recent. You may include verifiable volunteer work, military service and periods of self-employment. Please do not refer to your resume in lieu of completing each section. Please provide accurate and current contact information and if additional space is needed, please list on another sheet.

1. Name of Last or Present Employer:

Street Address

City, State and Zip

Dates Employed:

to

Title:

Job Duties:

May we contact this employer? Yes No

Reason for leaving:

Supervisor Name:

Supervisor Title:

Supervisor Phone:

Supervisor Email:

2. Name of Employer:

Street Address

City, State and Zip

Dates Employed:

to

Title:

Job Duties:

May we contact this employer? Yes No

Reason for leaving:

Supervisor Name:

Supervisor Title:

Supervisor Phone:

Supervisor Email:

Before moving on, do you have any commitments to any other employer that may affect your employment with Saint Francis Rehabilitation and Nursing Center? Yes No If yes, please explain:

3. Name of Employer:

Street Address

City, State and Zip

Dates Employed: to

Title:

Job Duties:

May we contact this employer? Yes No

Reason for leaving:

Supervisor Name:

Supervisor Title:

Supervisor Phone:

Supervisor Email:

Do You have Other Job-Related Relevant Experience?

Have you received any specialized training which would qualify you for the position for which you are applying that you have not already listed on this application? Please state what training or experience may be relevant.

Your Professional References

Please list no less than three (3) people with whom you have had a working relationship. At least one of them must be a previous supervisor.

1. Name:

Title:

Street Address

City, State and Zip

Telephone & Email Address

Years Known

2. Name:

Title:

Street Address

City, State and Zip

Telephone & Email Address

Years Known

| | | | |
|---------------------------|----------------------|---------------------|----------------------|
| 3. Name: | <input type="text"/> | Title: | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| Street Address | | City, State and Zip | |
| | <input type="text"/> | | <input type="text"/> |
| Telephone & Email Address | | Years Known | |

Acknowledgements & Signature

Please read the following carefully before you sign.

- I understand that receipt of this application does not mean that I will be employed by Saint Francis Rehabilitation and Nursing Center.
- I attest that the statements and information given by me in the application and during the interview process, if chosen, are true and complete in all respects. I understand that if the information is found to be false, incomplete, misleading or unsatisfactory in any respect that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.
- I understand that employment with Saint Francis Rehabilitation and Nursing Center is at-will. If hired, I understand that Saint Francis Rehabilitation and Nursing Center has the right to terminate my employment at any time, with or without notice, and for any lawful reason and that I have the same right. I understand that neither this application, Saint Francis Rehabilitation and Nursing Center's policies or procedures, or any other documents given to candidates and employees or published online for their use, changes the at-will nature of employment with Saint Francis Rehabilitation and Nursing Center. I further understand that no one other than the Principal of the Company has the authority to modify this at-will relationship or to make any agreement to the contrary and any such modification must be in writing. If hired, I agree to comply with all policies and procedures of Saint Francis Rehabilitation and Nursing Center. I understand that Saint Francis Rehabilitation and Nursing Center has the right to change its polices and procedures at any time.
- I understand that Saint Francis Rehabilitation and Nursing Center, upon making me a conditional offer of employment, may investigate my background including but limited to my education, my previous employment, my professional licenses and my criminal record. I further understand that a consumer report may be obtained in connection with my application for employment and authorize the Company to conduct such an investigation. To the extent that the Company employs a third-party consumer reporting agency to conduct such an investigation, I will be given separate documentation (including a consent form) regarding any such investigation prior to it being conducted. If I am denied a job based on either wholly or in part because of the information contained in a consumer report conducted by a third party consumer reporting agency, I will be provided the name and address of the reporting agency that supplied the information, a copy of the report and a notice of my rights under the law.
- I understand that some states in which Saint Francis Rehabilitation and Nursing Center may conduct business require healthcare professionals to undergo a job-related physical. I agree to undergo a post-offer/pre-employment physical if employed in a state with such requirement.
- I authorize former and present employers, professional and personal references listed in this application, and any other individuals I may name, to give Saint Francis Rehabilitation and Nursing Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties including Saint Francis Rehabilitation and Nursing Center and their agents

and employees from all liability, suits, causes of action, and any damages arising from any manner in providing information to Saint Francis Rehabilitation and Nursing Center.

- Following the termination of my employment for any reason, I authorize Saint Francis Rehabilitation and Nursing Center to provide information to my prospective future employers regarding my employment history and performance, and I release Saint Francis Rehabilitation and Nursing Center and any person employed or associated with Landmark Management Solutions LLC, from all liability in connection with the provision of such information.

Applicant's Signature

Date

If the application has been completed by an individual other than the above applicant, please print their name below: