



BETHANY HEALTH CARE CENTER INC.
APPLICATION FOR EMPLOYMENT 2018

Applicants for employment at Bethany Health Care Center, Inc. (“Bethany”) are considered without regard to race, color, religion, sex, sexual orientation/identification, age, genetic information, national origin, status as a Vietnam Era or disabled veteran or membership in the uniformed services, or physical or mental disability.

Position(s) applied for _____ Date of application _____

Your Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____ Cell Phone # _____

Referral Sources: Advertisement Employee School Website
 Walk-in Employment Agency Other _____
 Name of source (if applicable) _____

Type of employment desired:..... Full Time Part Time Per Diem

Position Desired: _____ Shift Desired: _____

Salary Expected: _____ Date Available: _____

Are you willing to work week-ends or holidays? YES NO

Have you ever worked at Bethany Health Care Center YES NO
 If yes, give dates: _____

Are you under the age 18? YES NO

Educational Background				
	Name & Location	Number of Years Completed	Did You Graduate?	Type of Degree or Diploma
High School				
College				
Professional/Trade				

Licensure/Certification Type: _____ State _____ No. _____ Expires _____

Employment History

List below all present and past employment, beginning with your most recent position. You may also include any verifiable work performed on a volunteer basis.

Employment History		
EMPLOYER:	DATES EMPLOYED	SUMMARIZE WORK PERFORMED
ADDRESS		
CITY, STATE	REASON FOR LEAVING	
PHONE NUMBER		
JOB TITLE		
IMMEDIATE SUPERVISOR		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	DATES EMPLOYED	SUMMARIZE WORK PERFORMED
ADDRESS		
CITY, STATE	REASON FOR LEAVING	
PHONE NUMBER		
JOB TITLE		
IMMEDIATE SUPERVISOR		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER:	DATES EMPLOYED	SUMMARIZE WORK PERFORMED
ADDRESS		
CITY, STATE	REASON FOR LEAVING	
PHONE NUMBER		
JOB TITLE		
IMMEDIATE SUPERVISOR		
MAY WE CONTACT FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

References

Give the name and telephone number of three (3) references who can tell us about your work or volunteer experience, or can serve as a character reference.

NAME	PHONE NUMBER	YEARS KNOWN

An Equal Opportunity Employer

Applicant Statement

Please read the following carefully and then sign below

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize Bethany to investigate my past and present employment, education and activities and verify all data provided by me on this application on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Bethany from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by Bethany.

I understand that, if I am hired by Bethany, my status will be that of an employee-at-will, meaning that I will have no contractual right, express or implied to remain in Bethany's employ. I further understand that, if I am hired by Bethany, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of Bethany or me. I understand that no representative of Bethany has the authority to enter into any oral agreement for employment for a specified period of time or to make any agreement contrary to the foregoing.

I understand that, if I am extended an offer by Bethany, I will be required to provide evidence of my identity and authorization for employment in the United States prior to the commencement of my employment.

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.

I understand that, if I am hired by Bethany and my employment subsequently ends, Bethany may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

As part of Bethany's **Organizational Integrity Program**, all employment candidates must respond to the following question:

Have you ever been suspended, sanctioned or otherwise restricted from participating in any private insurance entity, federal, or state health insurance program (i.e.. Medicare, Medicaid)?

Yes No

Signature: _____ Date: _____

Please Print: _____

First Name

Last Name