

BETHANY HEALTH CARE CENTER INC. APPLICATION FOR EMPLOYMENT

Applicants for employment at Bethany Health Care Center, Inc. ("Bethany") are considered without regard to race, color, religion, sex, sexual orientation, 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							
Referral Sources 🗆 🛭	Advertisemen	t □ Employee	☐ Sc	hool [⊐ We	ebsite	
	Walk-in	☐ Employme	ent Agenc	y [☐ Oth	ner	
Name of source (if applicable)							
Name							
Last		First		Middle	9		
Address		City		State		Zip Code	
Telephone #	Cell Phone #						
,							
Are you under the age 18? If yes, do you have a Work Permit?							
The year and a record the age to:							
Have you ever worked at Bethany Health Care Center □ YES □ NO If yes, give dates:							
Type of employment desired: □ Full Time □ Part Time □ Per Diem □ Seasonal							
Position Desired: Shift Desired:							
Salary Expected: Date Available:							
Are you willing to work week-ends or holidays? □ YES □ NO							
Are you willing to work week-ends or nondays?							
Educational Background							
	Nic	me & Location		Number	of	Did You	Type of
name 8		ine & Location		Years Complete	ed	Graduate?	Degree or Diploma
High School				•			
College							
Professional/Trade							
Licensure/Certification	Type:	Stat	е	No.	E	kpiration Dat	e

Employment History List below all present and past employment, beginning with your most recent position. You may include any verifiable work performed on a volunteer basis. DATES EMPLOYED SUMMARIZE **EMPLOYER: WORK PERFORMED ADDRESS** PHONE NUMBER **HOURLY RATE / SALARY** JOB TITLE **IMMEDIATE SUPERVISOR** REASON FOR LEAVING MAY WE CONTACT FOR A REFERENCE? □YES □NO EMPLOYER: **DATES EMPLOYED** SUMMARIZE **WORK PERFORMED ADDRESS** PHONE NUMBER **HOURLY RATE / SALARY** JOB TITLE IMMEDIATE SUPERVISOR REASON FOR LEAVING MAY WE CONTACT FOR A REFERENCE? □YES □NO EMPLOYER: DATES EMPLOYED SUMMARIZE **WORK PERFORMED ADDRESS** PHONE NUMBER HOURLY RATE / SALARY JOB TITLE IMMEDIATE SUPERVISOR **REASON FOR LEAVING** MAY WE CONTACT FOR A REFERENCE? ☐YES ☐NO References Give the name and telephone number of three (3) business/work references who are *not* related to you. These may be from volunteer experiences. NAME **PHONE NUMBER** YEARS KNOWN

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 I following question:	ntegrity Progr	am, all employment candidates must respond to the				
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				