



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.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Cell) (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:  Full Time  Part Time  Casual/Per Diem

Are you available to work overtime as needed?  Yes  No

Please specify days and hours preferred: \_\_\_\_\_

Do you have other employment that will continue if you were to be employed here?  Yes  No

Preferred start Date: \_\_\_\_\_

Have you ever applied here before?  Yes  No

Have you ever been employed here before?  Yes  No If yes, when? \_\_\_\_\_

If hired, can you present evidence of your legal right to work in the US?  Yes  No

If hired, and you are under the age 18, can you furnish a work permit?  Yes  No  N/A

Do any of your friends or relatives work here?  Yes  No If yes, list name(s): \_\_\_\_\_



**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: \_\_\_\_\_