

NAME: _____

RECORD OF EMPLOYMENT

List below all present and past employment, beginning with your PRESENT or MOST RECENT. You may include any verifiable work performed on a volunteer basis. If you need additional space, please continue on the back.

MAY WE CONTACT YOUR CURRENT EMPLOYER, IF LISTED ____ YES ____ NO

Company: _____ From: _____ To: _____

Address: _____ Supervisor: _____

Telephone: _____

Job Title: _____

Work Performed: _____

Reason for Leaving: _____

Company: _____ From: _____ To: _____

Address: _____ Supervisor: _____

Telephone: _____

Job Title: _____

Work Performed: _____

Reason for Leaving: _____

Company: _____ From: _____ To: _____

Address: _____ Supervisor: _____

Telephone: _____

Job Title: _____

Work Performed: _____

Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT FOR MARY ANN MORSE HEALTHCARE CORP.

Mary Ann Morse Healthcare Corp. is an equal opportunity employer. All qualified applicants will receive consideration for employment with regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, pregnant, handicap or veteran status or any other characteristic protected by law.

PERSONAL DATA:

Date: _____

1. Name: _____

First Middle Last

2. Street: _____

City: _____ State: _____ Zip: _____

3. Telephone: _____ E-Mail: _____

4. How Were You Referred to Us?

____ Newspaper Ad ____ Walk-In ____ Agency ____ Indeed.com ____ School

____ Employee ____ Social Media ____ Other

Name of Referral Source: _____

5. Are you legally authorized to work in the United States? Yes ____ No ____

Note: If you are hired, you will be required to submit proof of legal right to work in the United States.

6. Are you under 18 years of age? Yes ____ No ____

If yes, are you under 16 years of age? Yes ____ No ____

POSITION/AVAILABILITY:

1. Indicate the position for which you are applying: _____

2. Type of employment desired:

Regular Full Time ____ Part Time ____ Per Diem ____

Shift Desired: Days ____ Evenings ____ Nights ____

When could you start? _____

Have you ever worked for Mary Ann Morse Health Corp/Mary Ann Morse Healthcare Center, Mary Ann Morse at Framingham or Mary Ann Morse Home Care? Yes ____ No ____

If yes, please specify which facility and when: _____

Have you ever applied for employment with Mary Ann Morse Health Corp. before?

Yes ____ No ____ If yes, please specify which facility and when: _____

3. This facility is open 24 hours per day, 365 days per year. Therefore, would you be willing to work the following?

- a. Nights Yes ___ No ___
- b. Weekends Yes ___ No ___
- c. Rotating Work Schedule Yes ___ No ___
- d. Flexible Schedule Yes ___ No ___
- e. Overtime Yes ___ No ___
- f. Holidays Yes ___ No ___

Comments: _____

RECORD OF EDUCATION:

School	Name and Address of School	Course of Study (Major/Minor)	Number of Years Completed	Diploma or Degree
College				
High School				
Other – please specify				

PROFESSIONAL LICENSES, CERTIFICATIONS AND/OR REGISTRATIONS

Date first employed in Massachusetts: _____

If applicable to the position you are applying for, please attach a copy of your license, certification and/or registration to this application.

Type:	State Issued:	Date Issued:	Expires:	Number:

REFERENCES

Please list name, address and telephone number of three (3) references who are not related to you and are not previous employers.

SIGNATURE

Please read the following carefully and then sign below.

I hereby declare that the information provided by me in this application of employment is true, correct and complete to the best of my knowledge. I authorize Mary Ann Morse Healthcare Corp. 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 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 Mary Ann Morse Healthcare Corp..

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

I understand that if I am extended an offer by Mary Ann Morse Healthcare Corp., 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.

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

Signature

Date