

Branford Hills Health Care Center

APPLICATION FOR EMPLOYMENT

All applicants must undergo a criminal background check. All applicants are required to have a physical examination by the facility medical director if an offer of employment is made.

QUALIFIED APPLICANTS WILL BE CONSIDERED FOR EMPLOYMENT REGARDLESS OF THEIR SEX, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, CREED, NATIONAL ORIGIN AND ANCESTRY, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. IF YOU REQUIRE REASONABLE ACCOMMODATIONS DUE TO A DISABILITY IN ORDER TO COMPLETE THE APPLICATION; PLEASE LET US KNOW WHAT ACCOMMODATION YOU REQUIRE.

PERSONAL INFORMATION

Name: _____ Date: __/__/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Are you known by another name(s), or used a different name other than printed above? YES NO

List All Other Names: _____

List your prior addresses:

1. Address: _____
City, State, Zip Code: _____
2. Address: _____
City, State, Zip Code: _____
3. Address: _____
City, State, Zip Code: _____

Are you 18 years of age or older? YES NO

Are you a U.S. citizen OR an alien authorized to work in the USA? YES NO
(If yes, proof will be required after a job offer has been made)

* Are you currently or been previously excluded from participation in any Federal health plan? YES NO

Do you require a reasonable accommodation to fulfill the essential duties/functions of the position you are applying for? YES NO

If YES, please explain: _____

* Corporate Compliance Requirements.

As an essential part of your employment, you may be required to work weekends, holidays, evenings, or night shifts, and overtime or extra hours. Is there any reason that you may not be able to work any of these additional hours or any of these times of day or weekends? YES NO

If yes, please explain:

Have you been trained in C.P.R.? YES NO

EMPLOYMENT DESIRED

Position: _____ Salary Expectations: \$ _____ per hour

Date you can start: _____ / _____ / _____

Shift Preferred: 1st 2nd 3rd No Preference (circle one)

Are you seeking full time or part time? FULL PART

Have you been employed by Branford Hills Health Care Center before? YES NO

When: _____ Department: _____

EDUCATION

Name of High School: _____

Did you graduate from High School: YES NO

If no, do you have a G.E.D.: YES NO

Name of college or university: _____

Highest degree earned: _____

PERSONAL REFERENCES IN LIEU OF EMPLOYMENT EXPERIENCE

**Complete this section *ONLY* if you do not have any employment experience. **

Do not include family members.

1. Name: _____
Address: _____
Phone #: (_____) _____
Relationship: _____ Years Known: _____

2. Name: _____
Address: _____
Phone #: (_____) _____
Relationship: _____ Years Known: _____

Please complete the following questions ONLY if you are applying for a nurse aide position:
Do you have a current CT Dept. of Public Health Nurse Aide Registration certificate?
 YES NO
If yes, what is your registration number: _____
What is the issue date: _____ / _____ / _____

Please complete the following ONLY if you are applying for a licensed nurse position:
Do you have a current CT Dept. of Public Health license? YES NO
When does your license expire: _____ / _____ / _____

*** EMPLOYMENT EXPERIENCE**

List all current and previous employers beginning with the most recent.
Place an "X" in the box by the employer(s) you do not want us to contact.

1.	Employer:	_____
	Address:	_____
	Phone #:	() _____
<input type="checkbox"/>	Supervisor:	_____
	Job Title:	_____
	Duties:	_____
	Dates employed:	From: / / To: / /
	Reason for leaving:	_____
2.	Employer:	_____
	Address:	_____
	Phone #:	() _____
<input type="checkbox"/>	Supervisor:	_____
	Job Title:	_____
	Duties:	_____
	Dates employed:	From: / / To: / /
	Reason for leaving:	_____
3.	Employer:	_____
	Address:	_____
	Phone #:	() _____
<input type="checkbox"/>	Supervisor:	_____
	Job Title:	_____
	Duties:	_____
	Dates employed:	From: / / To: / /
	Reason for leaving:	_____

Please read carefully before signing this form

I understand that this application or any statements made to me in the interview or application process is not the basis for a contract of employment nor should any of the terms be considered part of my employment. I understand that if I am hired, I will be an employee-at-will and I or Branford Hills Health Care Center may terminate my employment for any reason or no reason at all. I understand that no Branford Hills Health Care Center employee or representative has the authority to enter into a contract of employment or in any way change the at will status of my employment if I am hired.

I also understand and agree that any false statement or omission of requested information made by me as part of this application or interview process, in orientation or on any other application or employment form will result in my immediate dismissal or the withdrawal of any job offer.

Signature: _____

Date: / /

