



APPLICATION FOR EMPLOYMENT

Date: ___/___/___

Referred By: _____

It is the policy of this facility to fully comply with all Federal and State laws governing fraud and abuse in health care programs and to expect all employees, contractors and consultants to conduct themselves in an ethical and responsible manner. Federal and state laws prohibit discrimination in employment. Applicants are considered for employment without regard to race, color, religion, age, sex, marital status, national origin, ancestry, physical or mental disability, sexual orientation, veteran's status, genetic predisposition or any other legally protected class.

Name:			
Street Address:			
City:		Telephone: Home:	
State/Zip:		Cell:	
Email Address:			

Position applied for: 1. _____ 2. _____
Regular Temporary Per Diem Full Time Part-Time (Check all that Apply)

Date you would be available: ___/___/___ Salary Desired: \$_____*

*Please do not disclose prior or present compensation history. This question is not intended to ask about and does not seek disclosure of your current or prior compensation history.

Other fields of occupation in which you might be interested: _____

Have you ever worked for this facility or West Hartford Health and Rehabilitation Center?

___ Yes ___ No If yes, indicate what facility and when: _____

Are you employed at present? ___ Yes ___ No

If employed at present, may we contact your present employer? ___ Yes ___ No

If hired, will you be able to prove your ability to legally work in the United States?

___ Yes ___ No

If hired, will you be able to perform all the essential functions of the job with or without reasonable accommodation?

___ Yes ___ No

If applying for a position that requires a professional license or registration to perform the job, please complete the following:

Type	State	License #	Exp. Date

Do you have any other licenses pertaining to this position? ___ Yes ___ No

If yes, please indicate: _____

Has your license or registration ever been suspended? ___ Yes ___ No

If yes, provide the date and reason: _____

If applying for a position that requires a driver's license, please complete the following:

Do you have a driver's license? ___ Yes ___ No

State: ___ License #: _____

Type or class of driver's license: _____ Exp. Date: _____

Has your driver's license ever been suspended? ___ Yes ___ No

EDUCATION:

Education & Training	Name of School & Town/State	Number of Years	Did you Graduate?	Date Completed	Course of Study
Last Grammar or High School Attended:					
College:					Degrees: Major/Minor
Business, Technical, Vocational School:					

Do you have any plans for future schooling? ___ Yes ___ No

EMPLOYMENT:

Begin with your current or most recent employment. Include all periods of military service. If you have no prior employment record, please list school and personal references in this section.

Name of Company:	Dates Employed: From: To:		Reason for Leaving:
Address: Street:	City:	State:	Zip:
Job Title:	Department Name:	Immediate Supervisor's Name:	
Duties and Responsibilities:			
Name of Company:	Dates Employed: From: To:		Reason for Leaving:
Address: Street:	City:	State:	Zip:
Job Title:	Department Name:	Immediate Supervisor's Name:	
Duties and Responsibilities:			
Name of Company:	Dates Employed: From: To:		Reason for Leaving:
Address: Street:	City:	State:	Zip:
Job Title:	Department Name:	Immediate Supervisor's Name:	
Duties and Responsibilities:			

Applicant's Statement:

- I understand that any employment offer will be contingent upon the facility's receipt of satisfactory references, a satisfactory physical examination, a criminal background check and to my submitting documentary proof of my identity and eligibility to legally work in the United States.
- I understand that if employed, I will be an "employee-at-will", which means that both the Company and I can terminate my employment at any time, for any reason consistent with applicable state and federal law.
- I understand that this application is not a contract of employment.
- I understand that the Company may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and employers named therein, except my current employer if so noted, to provide any information requested about me, and I release all parties involved from any and all liability arising out of the release of this information.
- I certify that I am under no contractual obligations that would preclude me from working for the facility.
- I further certify that all the statements herein are true and understand that any falsification or material omissions may result in refusal of employment, or, if hired, may result in termination of employment.

Applicant's Signature: _____

Date: _____

AVON HEALTH CENTER
652 WEST AVON ROAD
AVON, CT 06001
PHONE: (860) 673-2521 FAX: (860) 673-5488
Reference Request
(Applicant Please Fill out Top Portion Only)

Reference Name and Title: _____
Name of Business: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: () _____ Fax: () _____

I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with him or her.

Applicant's Name (Printed)

Applicant's Signature

Date

The above-named person has made application to Avon Health Center and is being considered for the position of _____ . Please complete the applicable section below, and either mail or fax back to us. Your prompt attention is appreciated, as employment is pending. All information will be held in strict confidence. Thank you.

EMPLOYMENT REFERENCE

Dates Employed _____	Position _____
Quality of Work: _____	Dependability: _____
Absenteeism: _____	Interpersonal Skills: _____
Would you rehire? _____	Additional Comments: _____
Signature and Title: _____	Date: _____

CHARACTER REFERENCE

How long have you known applicant? _____ Character: _____
Dependability: _____ Ability to get along with others: _____
Additional Comments: _____
Signature: _____ Date: _____

It is the policy of this facility to fully comply with all federal and state laws governing fraud and abuse in health care programs and to expect all employees, contractors, and consultants to conduct themselves in an ethical and responsible manner.

AVON HEALTH CENTER

652 WEST AVON ROAD

AVON, CT 06001

PHONE: (860) 673-2521 FAX: (860) 673-5488

Reference Request

(Applicant Please Fill out Top Portion Only)

Reference Name and Title: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Fax: () _____

I hereby release from all liability, the company or person above, and authorize to release all information regarding my employment with him or her.

Applicant's Name (Printed)

Applicant's Signature

Date

The above-named person has made application to Avon Health Center and is being considered for the position of _____ . Please complete the applicable section below, and either mail or fax back to us. Your prompt attention is appreciated, as employment is pending. All information will be held in strict confidence. Thank you.

.....

EMPLOYMENT REFERENCE

Dates Employed _____

Position _____

Quality of Work: _____

Dependability: _____

Absenteeism: _____

Interpersonal Skills: _____

Would you rehire? _____

Additional Comments: _____

Signature and Title: _____

Date: _____

CHARACTER REFERENCE

How long have you known applicant? _____

Character: _____

Dependability: _____

Ability to get along with others: _____

Additional Comments: _____

Signature: _____

Date: _____

It is the policy of this facility to fully comply with all federal and state laws governing fraud and abuse in health care programs and to expect all employees, contractors, and consultants to conduct themselves in an ethical and responsible manner.

ONLY TO BE COMPLETED BY ADMINISTRATOR, ASSISTANT ADMINISTRATOR, NURSES AND NURSES AIDES

CRIMINAL BACKGROUND HISTORY

A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. **Please note:** You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-760, or 54-142a; criminal records subject to erasure pursuant to these statutes or records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and that any person whose criminal records have been erased pursuant to these statutes shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

Avon Health Center, shall not deny employment, discharge or discriminate against an individual solely on the basis that he/she had a prior arrest, criminal charge or conviction, the records of which have been erased pursuant to the above-named statutes.

- Have you ever been convicted of a felony? Yes () No ()
- Have you ever been convicted of cruelty to person? Yes () No ()
- Have you ever been convicted of assault on a victim age 60 or older? Yes () No ()
- Have you ever been subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or a foreign jurisdiction? Yes () No ()

If you answered yes to any of the above questions, please provide a full explanation below.

Applicant's Signature

Applicant's Name (**Printed**)

Date