

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:		Social Security #:	
Street Address:		Telephone: Home:	
City:		Cell:	
State/Zip:		Beeper:	

Position applied for: 1. _____ 2. _____
 Regular Temporary Per Diem Full-Time Part-Time

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

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

Have you ever worked for this facility or Avon Health Care?
 Yes No If yes, indicate what facility and when: _____

Have you ever applied here before or Avon Health Care?
 Yes No If yes, indicate for what facility, position 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 the 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

EDUCATION (con't):

Business, Technical, Vocational school:					
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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:	Salary: Starting: \$ Ending:	Reason for Leaving:
Address: Street: _____ City: _____ State: _____ Zip: _____			
Job Title:	Department Name:	Immediate Supervisor's Name:	
Duties and Responsibilities:			

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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: _____

WEST HARTFORD HEALTH & REHABILITATION

130 Loomis Drive
Phone: (860) 521-8700

West Hartford, CT 06107
Fax: (860) 561-6040

Reference Request
(Applicant Please Fill Out Top Portion)

Reference Name and Title: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax: () _____

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

Applicant's Name (Printed)

Applicants Signature

Date

The above named person has made application to: WEST HARTFORD HEALTH & REHABILITATION 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

Character Reference

Date Employed: _____

How long have you known applicant? _____

Position: _____

Character: _____

Quality of Work: _____

Dependability: _____

Dependability: _____

Ability to get along with others: _____

Absenteeism: _____

Interpersonal Skills: _____

Additional Comments: _____

Would you rehire? _____

Additional Comments: _____

Signature and Title

Signature

Date

Date

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Additional Comments: _____

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Signature and Title _____

Signature _____

Date _____

Date _____

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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, 54-76o or 54-142a; criminal records subject to erasure pursuant to these statutes are 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.

This facility 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 and/or Drug Related Crime?

Yes No

Have you ever been convicted of neglect or mistreatment of any individual?

Yes No

Have you ever been convicted of the crime of assault of 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

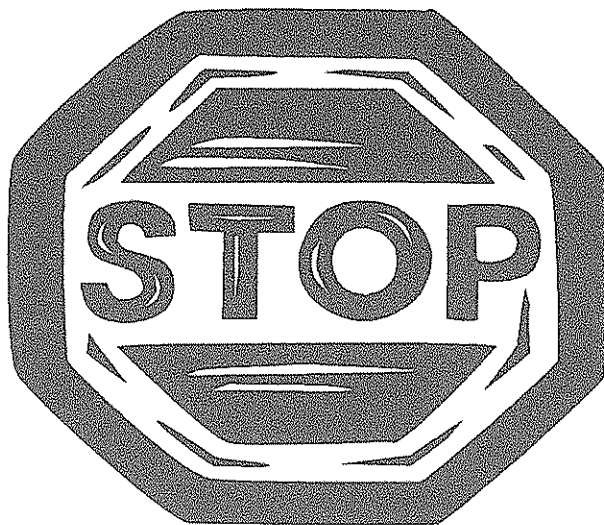
Have you ever been suspended or excluded from any of the federal programs (including Medicare or Medicaid)?

Yes No

If you answered "yes" to one or more of the above questions, please provide a full explanation below. Include details regarding time, place and circumstances of the offense. Use the back side or additional paper if needed.

Applicant's Signature

Printed Name



**THE FOLLOWING
INFORMATION ONLY
NEEDS TO BE
COMPLETED AT TIME
OF INTERVIEW**

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, West Hartford Health & Rehabilitation may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Report Act as amended by the Consumer Reporting Act of 1996 requires that we advise you that for purpose of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION and RELEASE

During the application process and at anytime during any subsequent employment, I hereby authorize ChoicePoint, on behalf of West Hartford Health & Rehabilitation To procure a Consumer report which I understand may be include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics of mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name

Date

Applicant/Employee Signature

Date of Birth

Reviewed 8/06

Employee Name Printed

Date

In case of sickness, injury or emergency please indicate the person to be notified.

Name _____

Address _____

Telephone#: Home _____

Work _____

Cell/Beeper _____

Should the above information change during the course of your employment, please inform the Director of Human Resources so that this information can be updated in your file.

Employee Signature