

## 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)

Other fields of occupation in which you might be interested: \_\_\_\_\_

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.*

Have you ever worked for this facility or Avon Health 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:			
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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: \_\_\_\_\_

**WEST HARTFORD HEALTH AND REHABILITATION CENTER**  
**130 LOOMIS DRIVE**  
**WEST HARTFORD, CT, 06107**  
**PHONE: (860) 521-8700      FAX: (860) 521-7452**  
**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: West Hartford Health and Rehabilitation 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.  
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**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: \_\_\_\_\_

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# 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.

**West Hartford Health and Rehabilitation 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.

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Applicant's Signature

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Applicant's Name (**Printed**)

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Date