



MOUNT PLEASANT HOME

APPLICATION FOR EMPLOYMENT



<i>Personal information</i>			
Last Name	First Name	MI	Social Security #
Current Address			
Phone # DAYS	Phone # EVENINGS	Phone # CELL/OTHER	
What position or positions are you applying for?			
1. 2. 3.			
Have you ever worked for one of these employers?			
Sherrill House <input type="checkbox"/> Boston Alzheimer's Center <input type="checkbox"/> Springhouse <input type="checkbox"/> Mount Pleasant Home <input type="checkbox"/>			

<i>Availability</i>						
When does your availability begin/end, what is the minimum amount you would like to work, and how many hours is ideal for you to work?						
First date available	Last date available	Minimum hours required	Total weekly hours preferred			
What days and times are you <i>available</i> to work?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
For what type of work are you available (check all that apply)?						
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On Call/Per Diem <input type="checkbox"/>						
Are you legally eligible to work in the United States?						
Yes <input type="checkbox"/> No <input type="checkbox"/>						
How did you hear about our job openings? Please be specific.						

<i>Education and Training</i>		
High School or GED	Name of School	Address
Diploma	Dates Attended	
Post High School	Name of School	Address
Course of Study	Dates Attended	
Training Program	Name of School	Address
Other Special Training		

<i>Professional Licenses, Registrations, and Certificates</i>			
Type:	Reg. #:	Expiration Date:	State:
Type:	Reg. #:	Expiration Date:	State:
Type:	Reg. #:	Expiration Date:	State:

<i>Employment and Volunteer History</i>	
1	Name of Company Address Phone #
	Employed from: _____ to: _____ Supervisor's Name
Reason for leaving	Job Title Department
Briefly describe your responsibilities:	
May we contact your supervisor as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2	Name of Company		Phone #
	Address		
Employed from: _____ to: _____		Supervisor's Name	
Reason for leaving		Job Title	
		Department	
Briefly describe your responsibilities:			
May we contact your supervisor as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Name of Company		Phone #
	Address		
Employed from: _____ to: _____		Supervisor's Name	
Reason for leaving		Job Title	
		Department	
Briefly describe your responsibilities:			
May we contact your supervisor as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<i>Special Skills</i>
Please list any special skills that might be applicable to employment with us, including foreign language skills.

<i>References</i>
Name _____ Relationship to you _____ Phone #s (Home, Business, Other) _____
Name _____ Relationship to you _____ Phone #s (Home, Business, Other) _____
Name _____ Relationship to you _____ Phone #s (Home, Business, Other) _____

Signature of Applicant

Date



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Have you ever been convicted of a felony? ____ Yes ____ No

(You may answer “no” if your criminal record consists only of one or more of the following: (1) a sealed record on file with the Commissioner of Probate; (2) cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution; (3) a first conviction for drunkenness, simple assault, speeding, minor traffic offenses, disturbances of the peace, or affray; or (4) any misdemeanor convictions in which the conviction occurred and any incarceration which resulted ended five or more years ago. The fact that you have a record of conviction will not necessarily bar you from employment.)

The information supplied in this application is true and complete to the best of my knowledge. I understand and agree that any false information or material omissions of fact may disqualify me from further consideration for employment, or may be considered justification for dismissal if I am hired.

I understand that any offer of employment is contingent upon my ability to comply with Immigration and Naturalization Services requirements concerning my identify and right to work in the United States, medical acceptability, and satisfactory responses from my educational and/or employment references.

I hereby authorize release to Mount Pleasant Home of any or all reference information with respect to my academic and/or employment records including final evaluations and recommendations for future employment.

Name of Applicant

Signature of Applicant

Date

Interviewer Comments:

For Internal Use Only: