



277 Elliot Street | Newton Upper Falls, MA 02464

617-527-0023 | Fax 617-965-7531

www.StoneRehabAndSeniorLiving.com

### EMPLOYMENT APPLICATION

Applicants for employment are considered without regard to race, color, religion, sex, sexual preference, marital status, national origin, age or handicap, as defined by law.

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

May we contact you at work?  Yes  No

1. Have you ever worked for this company before?  Yes  No If yes, when \_\_\_\_\_

2. Do you have friends or relatives with us?  Yes  No If yes, list Name(s) \_\_\_\_\_

3. How did you learn about the position?  Agency \_\_\_\_\_  Organization \_\_\_\_\_

Advertisement \_\_\_\_\_  Walk-in \_\_\_\_\_

4. Why are you interested in working for STONE and what are your career objectives? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

Please list 2 or 3 personal references, other than previous employers or relatives.

Name	Address	Position & Company	Telephone
1.			
2.			
3.			

**VERIFICATION**

It is unlawful in Massachusetts to require a Lie Detector Test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

**PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW**

I declare my answers to the questions on this application are true and give STONE the right to verify all information given. I understand that any false statement or misrepresentation on this application may subject me to the rejection of my application or to immediate dismissal if I have been hired by STONE. I understand that my employment may be terminated by STONE at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to a search of my person or any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to my employment or in the future during my employment with STONE. I understand that employment is at will and that either party is free to terminate the employment relationship at any time without cause. I understand that any employment offer is contingent upon satisfactory employment and educational references, including criminal offense record inquiry (CORI) where applicable. I understand that, in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Name of Applicant (Please Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please continue on next page - DO NOT WRITE BELOW THIS LINE \*\***

Summary of Interview \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Position \_\_\_\_\_  Full-Time Shift  Part-Time Shift

Accepted for employment  Yes  No Starting Rate \$ \_\_\_\_\_ per \_\_\_\_\_ Scheduled to start work \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date & Time \_\_\_\_\_

Approved by \_\_\_\_\_

## POSITION DESIRED

1. Department \_\_\_\_\_ Position \_\_\_\_\_ # Wkly Hrs \_\_\_\_\_ Shift \_\_\_\_\_  
 2. Department \_\_\_\_\_ Position \_\_\_\_\_ # Wkly Hrs \_\_\_\_\_ Shift \_\_\_\_\_

### Availability

Check all that apply     Full-Time     Part-Time     Temporary     Per Diem     Weekends  
 Shifts Available     7-3PM     3-11PM     11-7AM     Other \_\_\_\_\_  
 Please list 1<sup>st</sup> & 2<sup>nd</sup> choice of shift    1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
 If part time, specify days/hours \_\_\_\_\_  
 Date available to start work \_\_\_\_\_ Salary Desired \_\_\_\_\_

## EDUCATION

School	Name & Address of School	Degree/Diploma	Major/Minor
High School/GED		Yes Type No	
College/University		Yes Type No	
Other (Specify)		Yes Type No	

Please list any additional skills, certifications or courses taken that would support your candidacy \_\_\_\_\_

List foreign languages that you speak \_\_\_\_\_

## EMPLOYMENT HISTORY

Begin with most recent position and list back to your first position. You may include military service assignments and any verifiable work performed on a volunteer basis.

From _____	To _____	# Of Hrs _____	Employer Name _____
Position/Duties _____		Street _____	
Supervisor/Contact _____		City _____	State _____ Zip _____
May We Contact Employer For Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone _____	
Starting Rate _____	Last Rate _____	Reason for Leaving _____	

From _____	To _____	# Of Hrs _____	Employer Name _____
Position/Duties _____		Street _____	
Supervisor/Contact _____		City _____	State _____ Zip _____
May We Contact Employer For Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone _____	
Starting Rate _____	Last Rate _____	Reason for Leaving _____	

From _____	To _____	# Of Hrs _____	Employer Name _____
Position/Duties _____		Street _____	
Supervisor/Contact _____		City _____	State _____ Zip _____
May We Contact Employer For Verification? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone _____	
Starting Rate _____	Last Rate _____	Reason for Leaving _____	

EMPLOYMENT VERIFICATION

I hereby give \_\_\_\_\_  
(Former Employer - Please Print)

written authorization to provide **STONE Rehabilitation and Senior Living** the information requested below in consideration of my application for employment and agree not to hold my former employer liable either civilly or criminally for providing this information. I understand that STONE will hold this information in strictest confidence and not share it with me.

Name of Applicant (Please Print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*\* APPLICANT DO NOT WRITE BELOW THIS LINE \*\*

The above person has applied for a \_\_\_\_\_ position at \_\_\_\_\_  
Any information you can provide would be appreciated. Please complete the information in the space below and fax to: 508-898-3931. Thank you for your time.

Human Resources Department

Company \_\_\_\_\_

Contact \_\_\_\_\_ Contact Title \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Position Title \_\_\_\_\_ Status  FT  PT

Are positions held and dates of employment correct as stated above?  Yes  No

Reason for leaving \_\_\_\_\_

Eligible for Rehire  Yes  No

Attendance/Punctuality \_\_\_\_\_

Reliability/Dependability \_\_\_\_\_

Performance/Ability \_\_\_\_\_

Additional Comments \_\_\_\_\_

Verified By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_