

EMPLOYMENT APPLICATION



125 Scituate Avenue, Cranston RI 02921
Telephone (401) 944-8500 Fax (401)944-5162

FOR OFFICE USE ONLY

Department: _____
Position: _____
Rate: _____
Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PLEASE PRINT ALL RESPONSES IN INK. In considering your application for employment, Cedar Crest Nursing & Rehabilitation Centre or Cedar Home Health (hereafter referred to as 'The Cedars') will conduct a detailed and thorough investigation which will include, but is not limited to a criminal record check, interview or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

Name _____ Home Phone Number (____) _____
Last First Middle Initial Area Code
Address _____ Mobile Phone Number (____) _____
Number Street Apt #
City State Zip Code
Best Time to Contact You _____
Email Address _____

If you have ever used a name (first, middle or last, including maiden name) different from the one above, please provide below.

Have you ever been employed by The Cedars? Yes No If yes, provide dates of employment and position(s) held below.

Do you have any relatives employed by The Cedars? Yes No If yes, provide details below.

Name	Relationship	Department

Are you legally eligible for employment in the United States? Yes No

Are you 18 years of age or older? Yes No

How were you referred to this facility? Newspaper Cedars Employee Other _____

If you were referred by a Cedars Employee, what is that employee's name? _____

Have you ever been convicted of, or plead guilty to, a crime? Yes No If yes, provide details below.

Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States? Yes No If yes, provide details below.

If your answer is “yes” to either of the above, you will NOT be automatically disqualified from employment consideration, except as required by state or federal law.

What Hours and Shifts Can You Work?

- Full-Time Part Time (How many hours or shifts do you want to work per week? ____ Hours/Shifts)
- Per Diem Days Nights Any Shift Preferred Shift: _____
- Every Other Weekend Every Weekend No Weekends Every Other Holiday Every Holiday
- No Holidays

Considerations will be given to your preferences. However, if hired, The Cedars may assign shifts, hours and overtime to meet its employment needs.

What Position(s) Are You Applying For?

1) _____ 2) _____

What Date Would You Be Available to Work? _____

What Is Your Minimum Salary Requirement? _____ Per Hour/Week/Year

Employment History

Are you now Employed Unemployed

If you are currently employed, may we contact your present employer for a reference? Yes No

Although you may have provided a resume, this section MUST be completed. Please be sure to include ALL employment. If additional space is needed, please ask for a continuation sheet or attach a separate sheet using the same format.

Present or Last Employment Starting Employment Date: _____ Ending Employment Date _____

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone #: _____

Your Job Title: _____ Current/Last Salary: _____ per hour/year

Your Supervisor's Name? _____ Supervisor's Title: _____

Do/Did you work Full-Time Part-Time ___ hours per week. What shift do/did you work? _____

General Description of your job functions: _____

What Is/Was Your Reason for Leaving: _____

Next Previous Employment Starting Employment Date: _____ Ending Employment Date _____

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone #: _____

Your Job Title: _____ Current/Last Salary: _____ per hour/year

Your Supervisor's Name? _____ Supervisor's Title: _____

Do/Did you work Full-Time Part-Time ___ hours per week. What shift do/did you work? _____

General Description of your job functions: _____

What Is/Was Your Reason for Leaving: _____

Next Previous Employment Starting Employment Date: _____ Ending Employment Date _____

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone #: _____

Your Job Title: _____ Current/Last Salary: _____ per hour/year

Your Supervisor's Name? _____ Supervisor's Title: _____

Do/Did you work Full-Time Part-Time ___ hours per week. What shift do/did you work? _____

General Description of your job functions: _____

What Is/Was Your Reason for Leaving: _____

Describe any and all periods of unemployment in the spaces below:

Dates of Unemployment	Reason

Military and Voluntary Service

Have you served in the United States Armed Services? Yes No

If yes, what branch? _____

If you served in the United States Armed Services list your dates of service. From _____ To _____

Have you ever volunteered your time or services? Yes No If yes, where? _____

Briefly describe duties and skills acquired through military and/or volunteer services. _____

Education and Training

Provide information on your educational background in the spaces provided below.

	School Name and Location	Number of Years Completed or Present Grade	Did you Graduate	Diploma, Certificate or Degree Earned	Field of Study
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have experience using personal computers? Yes No

If yes, list the software you have experience using: _____

Occupation Licenses, Registrations, and Certifications

Are you currently licensed, registered, or certified in your occupation? Yes No
 In Rhode Island? Yes No

Complete the information below for any professional licenses, registrations, or certifications that you currently hold or have held in the past.

Type of License, Registration, or Certification	State of Licensure, Registration or Certification	License, Registration or Certification Number	License, Registration or Certification Expiration Date

If you are not currently licensed, registered or certified in Rhode Island, have you made application?
 Yes No

Has your professional license, registration, or certification EVER been revoked, suspended, or put on probation? Yes No If yes, provide details _____

Language Skills

Provide information on the language(s) you know in the spaced provided below.

Language	Do you SPEAK this language	Do you READ this language	Do you WRITE this language
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent

If needed, would you be willing to serve as an interpreter? Yes No

Do you possess sign language skills? Yes No

References

Provide information for two references who are not members of your family in the spaces provided below.

Name	Relationship	Address	Phone Number

Read the following statements carefully prior to providing your signature.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in my discharge even if discovered at a later date.

I understand that employment is conditional upon successfully passing a medical examination (including drug screening) and a criminal background check. I understand that I must provide The Cedars with written proof of immunity to Measles, Mumps, and Rubella or have the status of my immunity established by a blood test in accordance to the State of Rhode Island regulations. According to the State of Rhode Island regulations, if not immune, I will be required to receive vaccination against Measles, Mumps and Rubella before the conditions of my employment are completed. In addition, proof of a negative, two-step, PPD (Tuberculin Test) or negative chest x-ray is also required as a condition of my employment in accordance with the State of Rhode Island regulations.

I understand that The Cedars intends to hire only individuals who are authorized to work in the United States. All offers of employment and continued employment are contingent upon providing documents which verify my identity and authorization to work in the United States as defined by the Immigration Reform and Control Act of 1986 (as amended).

I understand that my employment is at-will, which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that The Cedars has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding statement, except for a written agreement signed by an administrative representative of The Cedars and a Notary Public.

I hereby authorize persons, schools, employers (including my current employer if applicable) and other organizations to provide The Cedars and its affiliates with any requested information regarding my application, employment or suitability for employment, and I completely release all such person or entities from any and all liability related to the providing or use of such information.

Signature: _____ **Date:** _____