

THE SUFFIELD HOUSE/EAGLE POINT APPLICATION FOR EMPLOYMENT

The Suffield House and Eagle Pointe are an equal opportunity employer. It is the policy of the Company to prohibit discrimination of any type and to afford equal employment opportunities to employees and applicants, without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status, genetic information, or any other protected class.

Name: _____ Date: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone #H () _____ - _____ #Cell () _____ - _____

Are you over the minimum legal working age? (Please circle one): Yes No

Position Applying For: _____ Rate of Pay Expected: _____

Number of Hours Desired: Full Time: _____ Part Time: _____ Per Diem: _____

Shift(s) available to work: (please circle) 1st 2nd 3rd

Nurses: RN _____ LPN _____ Other _____ CT License No. _____

MA License No. _____

Nurses' Aides: Certified (please circle) Yes No If yes, Registration # _____

EMPLOYMENT HISTORY (List in order: Present to Last Employment)

Date	Worked	Name & Address	Former	Former	Reason for
From	To	Phone # of Employer	Position	Title	Leaving

If you have worked under a different name at any of the job(s) listed, please indicate the different name and when used:

1. _____ 2. _____

List other qualifications (skills, training, experiences, etc.,) not listed elsewhere on this form:

Only if you have not worked before, please supply us with two personal references (not relatives):

NAME	ADDRESS	TELEPHONE #	OCCUPATION

Additional comments which you feel would be important in our consideration of your application:

If hired, do you have a reliable means of transportation? _____

How did you learn of this facility? _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME & ADDRESS	YEARS ATTENDED	MAJOR
Grammar/Grade School			
High School			
College			
Post Graduate			
Business/Trade			

LEGAL RIGHT TO WORK IN THE U.S.

Are you able, at the time of employment, to submit verification of your legal right to work in the United States?
 (Please circle) Yes No

Other Criteria for Evaluating Suitability for Employment

I agree to take a physical examination at the Facility’s request at any time after I am offered a position. I also agree that the examining physician may disclose the findings of the examination to the Facility or its authorized agent. Further, I agree to release and hold harmless the Facility, its officers, agents and employees from any liability based upon the request for administration of and use of the results of any physical examination.

Verification of Facts Stated Applicant in the Application

I hereby certify that the facts set forth in the above employment application be true and complete. I understand that falsification or elimination of facts will jeopardize hiring or constitute cause for dismissal. I also understand that employment will be on an employment-at-will status. I understand my employment can be terminated any time and for any reason by either the facility or by myself. If hired, I will abide by all rules and regulations, however, I understand that such rules may be changed at any time by the facility as necessary.

Date _____ Signature of Applicant _____



Thank you for completing this application and for having an interest in employment with us. If there is not a current

opening for the position you have applied for, your application will be kept on file for 30 days in case of an opening. After that, position must be re-applied for.



In compliance with the Civil Rights Act of 1964, Title VI, and other State and Federal Laws, this facility will be fair and impartial in relations with personnel and applicants for employment – be it recruiting, discharging, transferring, training, layoff, compensation or terms, conditions or privileges of employment benefits – without regard to race, color, religious creed, age, sex, marital status, national origin, mental or physical disability, including both not limited to blindness.

Applicant’s Authorization to Release Information

I give my permission to The Suffield House and/or Eagle Pointe to make inquiries to my current and former employers as noted by my check of A or B below:

_____ At this time, my current and former employers may be contacted

_____ At this time, just my former employers should be contacted.

Once, however, a new job has been offered to me and/or I have left my current employment, the Suffield House may at that time contact such employer.

I also give permission to The Suffield House and/or Eagle Pointe to make inquiries to licensing or registration authorities (with respect to the current status, etc., of my professional license) and to any other party to verify other representations I have made in my employment application, resume, or during any interviews.

I agree not to hold anyone liable for such inquiries regarding my past experience, character, and the reason for leaving any and all past employment.

I understand that my failure to give correct and complete information on my employment application, resume, or during personal interviews will be considered grounds for dismissal upon discovery thereof.

Name: _____ Date: ____/____/____
(Please Print)

Signature: _____

Original to be kept in employee file or with application before hire. Copy of this authorization sent with reference check.

AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with The Suffield House and/or Eagle Pointe. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize representatives of The Suffield House and Eagle Pointe, to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, education, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at The Suffield House and Eagle Pointe.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to, and hereby release all persons from liability for any damage that may result from furnishing such information to The Suffield House and Eagle Pointe.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: _____ Print Name: _____ Date: ____/____/____

AT-WILL EMPLOYMENT DISCLAIMER AND
APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate The Suffield House and Eagle Pointe.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of The Suffield House and Eagle Pointe. Further, in consideration of my employment, I agree to conform to the policies and procedures of The Suffield House and Eagle Pointe, as they may from time to time be implemented or revised, and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either The Suffield House and Eagle Pointe, or myself. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless the Owner of The Suffield House and Eagle Pointe, specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee at The Suffield House and Eagle Pointe, has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of this Employer should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance of employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test, criminal history verification and/or a medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

Signature of Applicant: _____ Date: _____ / _____ / _____

CONTINUE TO THE NEXT PAGE ONLY IF YOU ARE APPLYING FOR THE FOLLOWING POSITIONS: ADMINISTRATOR, ASSISTANT ADMINISTRATOR, MEDICAL DIRECTOR, AND DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, REGISTERED NURSE, LICENSED PRACTICAL NURSE, OR A CERTIFIED NURSING AIDE.

Convictions/Disciplinary Action from Licensing Agency:

Connecticut Public Act No. 19a-491b (b): Each nursing home and residential care home shall require the administration, assistant administrator, the medical director, the director of nursing, assistant director of nursing, nurses and nurse's aides must completely answer the following questions as to whether you have been convicted of any crime specified in subsection (a) of this section

“Conviction” means a final judgement or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

“Conviction” does not include a final judgement or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are not required to disclose any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been erased under law. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon.

1. Have you ever been convicted of (1) a felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? If so, please describe the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No: _____ Yes: _____ (If so, answer all questions asked in #1 above).

2. 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 territory, or a foreign jurisdiction? Or has been subject to any decision imposing disciplinary action as described in said subsection. If so, please identify the nature and date of the action, the licensing agency involved, and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No: _____ Yes: _____ (If so, answer all questions asked in #2 above).

_____/_____/_____
Applicants Signature Date