



D'YOUVILLE
SENIOR CARE
Serving the Community with Compassion

*Join us in our
Mission of Compassion*

*Please print all
information except
signature*

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
Last First M.I Maiden

Address: _____
Number Street City State Zip

Telephone No: _____ Email Address: _____

Social Security Number: _____

Are you a U.S Citizen? Yes No If no, do you have a valid work permit? Yes No

Are you under the age of 18? Yes No

Have you ever filed an application here before? Yes No If yes, Date: _____

Have you ever been employed here before? Yes No If yes, Date(s) & position: _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a Veteran? Yes No If yes, branch of service: _____

POSITIONS APPLIED FOR:

1) _____ 2) _____

Referral Source: Newspaper Friend Relative School Internet (Site) _____

Employee (Name) _____ Walk-In Other (Please specify) _____

Employment Desired: Full Time Part Time Per Diem

Shift Desired: Days Evenings Nights Weekends

If required, would you be willing to work? Nights Weekends only Rotating Weekends

If hired, when would you be available to begin work? _____

Did someone complete or assist you with this application? Yes No

If so, who did complete or assist you with this application? _____

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. Any verifiable work performed on a volunteer basis may be included.

Employer Name:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone Number:	Job Title		
Reason for leaving:			
List other jobs you held, work performed and advancements or promotions:			

Employer Name:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone Number:	Job Title		
Reason for leaving:			
List other jobs you held, work performed and advancements or promotions:			

Employer Name:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone Number:	Job Title		
Reason for leaving:			
List other jobs you held, work performed and advancements or promotions:			

Employer Name:	Name of last supervisor	Employment dates	Pay or salary
Address:			

City, State, Zip Code:		From	Start
		To	Final
Phone Number:	Job Title		
Reason for leaving:			
List other jobs you held, work performed and advancements or promotions:			

PROFESSIONAL REGISTRATIONS/LICENSES/CERTIFICATES

RN/LPN License	Number _____	Expiration _____	State _____
CNA Certificate	Number _____	Expiration _____	State _____
Other _____	Number _____	Expiration _____	State _____

If applicable, please indicate preferred type of nursing unit.

Long Term Care
 Short Term Rehab
 Alz./Dementia
 No Preference

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE/DIPLOMA
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				

OTHER SPECIAL SKILLS

Please list other skills you may have for the position for which you are applying (examples: computer skills, fluency in other languages, special training, office skills, etc):

REFERENCES

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Years Known: _____	Years Known: _____

SEALED RECORD NOTICE

Applicants having sealed conviction records on file with the Commission of Probation may answer "no" to the following:

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Within the past 5 five years have you been convicted of a misdemeanor? Yes No

(Applicants may answer "no" with respect to a first conviction for drunkenness, simple assault, minor traffic violations, or disturbance of the peace).

If yes, please explain: _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated

It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by D'Youville Senior Care, Inc. I understand and agree that, if hired, my employment will be at –will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by D'Youville Senior Care, Inc.

I certify that the information on this application is true, complete and correct. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

To insure the safety of our Residents and employees and in compliance with Massachusetts' Law, it is the policy of D'Youville Senior Care, Inc to apply for Criminal Offender Record Information (CORI) checks on all applicants. Continued employment is pending on the information returned from the Commonwealth of Massachusetts CORI investigation. In addition, I give D'Youville Senior Care, Inc. the right to contact and obtain information from all references, employers, and education institutions and to otherwise verify the accuracy of the information contained in this application.

I understand it is D'Youville's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Under Massachusetts Law, it is unlawful to require or administer 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 liability.

SIGNATURE: _____ **DATE:** _____

Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status



Thank you for your interest in D'Youville Senior Care, Inc

981 Varnum Avenue

Lowell, MA 01854

Fax. 978-459-7002

You may apply online at jobs@dyouville.org