

EMPLOYMENT HISTORY

1. List below the names of all your employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or more recent employer first. You may use an additional sheet if necessary.

Employer Information Name Address Telephone	Dates of Employment	Reason for Leaving	Title/Nature of Work	Name of Immediate Supervisor	(CHC use only) References checked Date references checked: Comments

2. Are you employed now? Yes No. If yes, may we inquire of your present employer? Yes No

3. Do you have any commitments to another employer which may affect your employment with us? Yes No

If yes, please explain.

4. Are you subject to any restrictive covenants from prior employment such as agreements to protect confidential or proprietary information of agreements not to compete? Yes No If yes, please explain.

REFERENCES:

Provide the following information regarding three persons **to whom you are not related** and have known for longer than one year.

Name Address Telephone	Relationship?	Years Known	(CHC use only) References checked by: Date references checked Comments

EDUCATIONAL DATA:

Type of School	Name and Address	Major Course of Study	Graduated (Yes or No)	Degree
High School				
College				
College				
Graduate School				
Trade/Business School				
Other				

Subject of Special Study or Research Work: _____

MISCELLANEOUS:

1. Were you in the U.S. Armed Forces? Yes No
- a. If Yes, which Branch: Army Navy Marines Air Force Coast Guard
- b. Dates of Duty: From _____ To: _____
- c. Rank at Separation: _____ Type of Discharge: _____
- d. Briefly describe your primary duty: _____

Note: CHC does not discriminate on the basis of National Guard or Reserve Duty obligations.

- 2 Please list any other information you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. Exclude all information indicative of age, sex, sexual orientation, race, color, religion, national origin, disability or handicap.

CRIMINAL HISTORY:

1. Have you ever been convicted of a felony? _____ Yes _____ No
If yes, give date and explain nature of offense(s) _____

2. Have you been convicted of a misdemeanor **during the past five years?** _____ Yes _____ No
Exclude convictions for simple assault, drunkenness, speeding, minor traffic violations, affray or disturbing the peace.
If yes, please give date and explain nature of offense(s) _____

3. Have you completed a period of incarceration **within the past five years** for any misdemeanor (other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbing the peace)?
_____ Yes _____ No

Note: An applicant for employment with a sealed record on file with the Commissioner or Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer “no record” with respect to an inquiry relative to prior arrests or criminal court appearances and adjudication in all cases of delinquency or as a child in need of service, which did not result in a complaint transferred to the Superior Court for criminal prosecution. **A conviction will not necessarily disqualify you for the job for which you have applied.**

AGREEMENT: (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I certify that all information on this application and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me for consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize Countryside Health Care of Milford or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer(s) (if applicable), previous employer(s) and other individuals or entities herein (and those named on the accompanying resume, if any). I hereby authorize my former employer(s) and other third parties named on this application to release information pertaining to my work record, habits, and performances. In doing so, I hereby release them and Countryside Health Care of Milford and its agents from all liability which may flow from the release of information.

I understand that if I am hired, my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that Countryside Health Care of Milford will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of Countryside Health Care of Milford. I further acknowledge that I am expected to abide by all facility rules, regulations, and policies, written and unwritten, but that such rules, regulations and policies do not create a contract between Countryside Health Care of Milford and me or otherwise restrict the right of either party to terminate this relationship.

Date

Signature

Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.