

**COUNTRYSIDE HEALTH CARE OF MILFORD  
APPLICATION FOR EMPLOYMENT**

Countryside Health Care of Milford (CHC) is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sexual orientation, national origin, age, disability, handicap, or veteran status.

**PERSONAL DATA**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Name Andrade Vivianne  
Last First Middle Initial
2. Social Security Number: 839 071 102
3. Street: 4 Lyndon Rd, Apt 1
4. City, State, Zip: Milford
5. Home Phone: \_\_\_\_\_ Cell Phone: 4432803787 Email: Vivi-5000@hotmail.com
6. How were you referred to us?  
 Newspaper Ad     Walk In     Employee Anisia  
Name of Employee  
 School     Agency \_\_\_\_\_     Other \_\_\_\_\_  
Name of Agency Specify Source
8. Are you legally authorized to work in the United States:     Yes     No  
Note: If you are hired you will be required to submit proof of legal right to work in the United States.
9. Are you over 16 years of age?     Yes     No

**POSITION AVAILABILITY**

1. Indicate the position for which you are applying: CNA
2. Type of employment desired:  
 Full Time     Part Time     Per Diem
3. Shift Desired:     Day     Evening     Night
4. Salary/Hourly Rate Desired: \_\_\_\_\_
5. When can you start? Now
6. Have you worked for CHC before?     Yes     No  
If yes, specify dates and department \_\_\_\_\_
7. Have you ever applied with CHC before?     Yes     No  
If yes, specify dates and department \_\_\_\_\_

**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 by: Date references checked: Comments
Maria's Clean Milford 508 962 2114	2020	To work as CNA	Cleaning	Ray	
Smart Floors Milford 774 244 0810	2019	Salary	Secretary	Adadilson Pereira	

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
Desiane Collazo 508 377 8596	Co - worker	2018	
Abigail Gonçalves 774 573 3369	Friend	2019	
Flaviane Campbell 508 208 1093	Co - worker	2018	

**EDUCATIONAL DATA:**

Type of School	Name and Address	Major Course of Study	Graduated (Yes or No)	Degree
High School	Brazil		Yes	Complete
College	Brazil		Yes	Complete
College				
Graduate School	Brazil	Degree in history to work as a teacher	Yes	Complete
Trade/Business School	Alternative training center 703 Washington St. Attleboro, MA 02703	CNA	Yes	Complete
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.

\_\_\_\_\_

\_\_\_\_\_

**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.

07/05/23  
Date

*Brianne Rosemary Seles Andrade*  
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.

\*\*\*\* Fill out the "From" line; leave "To" section blank; Sign and Date \*\*\*\*

COUNTRYSIDE HEALTH CARE OF MILFORD  
ONE COUNTRYSIDE DRIVE  
MILFORD, MASSACHUSETTS 01757  
TEL: (508) 473-0435

**AUTHORIZATION TO RELEASE INFORMATION**

From: Vivianne C.S. Andrade

c/o Countryside Health Care of Milford  
One Countryside Drive  
Milford, MA 01757

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have applied for a position with Countryside Health Care of Milford. As part of my application, I have been requested to provide information concerning my background and qualifications. Therefore, I authorize the investigation of my past and present work, character, education, military experience, and my employment qualifications by Countryside Health Care of Milford.

The release in any manner of any and all information by you to Countryside Health Care of Milford indicated above is authorized whether such information is of record or not. I do hereby release all persons, agencies, firms, companies, etc., from any responsibility for damages resulting from their provisions of such information.

This authorization is valid for 90 days from the date of my signature below. Please keep this copy of my release for your files. Thank you for your cooperation.

Vivianne Cassiano Sales Andrade  
Signature

07/05/2023  
Date

~We Care~

Revised October 2018

**COUNTRYSIDE HEALTH CARE OF MILFORD**

**CNA REGISTRY CHECK**

.....  
**IT IS THE POLICY OF COUNTRYSIDE HEALTH CARE OF MILFORD TO COMPLETE  
CNA REGISTRY CHECK ON ALL CURRENT OR PROSPECTIVE EMPLOYEES.**  
.....

*Applicant: Please complete this section:*

NAME: Vivianne C.S. Andrade DATE: 07/05/23

SOCIAL SECURITY NUMBER: 839-071-102

.....  
*This section for Countryside Health Care of Milford staff use only:*

- In Good Standing
- No Record on File
- Other (Please Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
Name Title Date

~We Care~

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Countryside Health Care of Milford is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Countryside Health Care of Milford to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Countryside Health Care of Milford with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: Countryside Health Care of Milford may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Countryside Health Care of Milford must first provide me with written notice of this check.

"An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions."

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

  
SIGNATURE

04/05/23  
DATE

**SUBJECT INFORMATION:**

Andrade Vivianne Cassiano  
Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

10/01/76 Para Brazil  
Date of Birth Place of Birth

Last Six Digits of Your Social Security Number: 071-102

Sex: FEMALE Height: 5 ft. \_\_\_ in. Eye Color: brown Race: Latina

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Sales Maria Cassiano Souza Antonio Sales  
Mother's Last Name, First Name, Maiden Name Father's Last Name, First Name

Your Current Address:

04 Lyndon Dr Milford MA 01757  
Street Number & Name City/Town State Zip

Your Former Address:

27 Cedar St Milford MA 01757  
Street Number & Name City/Town State Zip

\*\*\*\*\*

For CHC use only:

The above information was verified by reviewing the following form(s) of government issued identification (include expiration date(s) if applicable):

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

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee