



EASTERN ORTHODOX MANAGEMENT CORPORATION
 Holy Trinity Nursing & Rehabilitation Center
 Holy Trinity Hospice
 Ichabod Washburn Hospice Residence

Application for Employment

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
 (Street) City/Town (State) (Zip Code)

Previous Address if less than 5 years:

Home Phone (_____) _____
 Cell Phone (_____) _____

Email Address (optional): _____

If you are under 18 years of age, do you have a valid work permit? Yes No

I was referred to your company by: Newspaper School
 Agency Other
 Employee _____

Do you have any relatives employed by this company? Yes No

Have you ever been employed by this company? Yes No
 If Yes, please state when and by what name if different from above: _____

If Yes, Employees Name: _____

Are you either a citizen of the United States or a legal alien who has the right to work in the United States?
 (You will be required to produce proof of your right to work following a conditional offer of employment.) Yes No

Employment Desired

I am applying for the following positions:

(1) _____ (2) _____ (3) _____

I am available to work the following shifts (check all that apply):

Sun Wed Sat Days Full Time
 Mon Thur Weekends Evenings Part Time
 Tue Fri Holidays Nights Per Diem

(It is not necessary for you to identify unavailability for work because of religious observances or practice. Subsequent to any job offer, we will consider whether or not a reasonable accommodation can be made).

Number of hours per Week: _____

If Hired, I am available to start: _____

We are an Equal Opportunity Employer

Federal and/or State laws prohibit discrimination in employment because of sex, age, race, color, religion, creed, sexual orientation, gender identity, national origin, ancestry, service in the armed forces of the United States, disability or any other protected classification.

Employment History - Please list all employers, beginning with your most recent employer. You may include as part of your employment history any verifiable work performed on a volunteer basis.

| | |
|---|--|
| Employer: | Title of Position Held: |
| Address: _____ _____ | Supervisors Name _____ Phone Number _____ |
| | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dates Employed: From: _____ To: _____ | Nature of Duties: _____ _____ |
| Base Salary or Wage Starting _____ End _____ | Reason for Leaving: _____ |
| <hr/> | |
| Employer: | Title of Position Held: |
| Address: _____ _____ | Supervisors Name _____ Phone Number _____ |
| | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dates Employed: From: _____ To: _____ | Nature of Duties: _____ _____ |
| Base Salary or Wage Starting _____ End _____ | Reason for Leaving: _____ |
| <hr/> | |
| Employer: | Title of Position Held: |
| Address: _____ _____ | Supervisors Name _____ Phone Number _____ |
| | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dates Employed: From: _____ To: _____ | Nature of Duties: _____ _____ |
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| <hr/> | |
| Employer: | Title of Position Held: |
| Address: _____ _____ | Supervisors Name _____ Phone Number _____ |
| | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Dates Employed: From: _____ To: _____ | Nature of Duties: _____ _____ |
| Base Salary or Wage Starting _____ End _____ | Reason for Leaving: _____ |

| Education | | | | | |
|--------------------------|------|--------------------|-----------------|--------|-----------|
| School Attended | Name | City, St, Zip Code | Level Completed | Degree | Completed |
| High School | | | | | |
| College | | | | | |
| Business or Trade School | | | | | |
| Graduate School | | | | | |
| Military Service | | | | | |

Other Skills & Experience

(Please list any job related skills and/or computer knowledge or special training you have.)

Typing _____ words/minute Medical Terminology Yes No

Types of Computers used: _____

Software/Computer Language Known: _____

Professional Licensure/Certification

(Please list any license and/or certifications that you have.)

| Name of License/Certification | Number | Expiration Date |
|-------------------------------|--------|-----------------|
| _____ | _____ | _____ |

In the past five years, have you had any interaction with the Board of Registration regarding your professional license, in this state or any other state? Yes No

If "yes," please describe the interaction: _____

Volunteer Experience - Please list all unpaid and verifiable volunteer experience.

| | | |
|----------------|---------------|---------------|
| Company: _____ | Date(s) _____ | Duties: _____ |
|----------------|---------------|---------------|

| | | |
|----------------|---------------|---------------|
| Company: _____ | Date(s) _____ | Duties: _____ |
|----------------|---------------|---------------|

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

THIS COMPANY DOES CORI CHECKS

In accordance with Chapter 256 of the Acts of 2010, all questions relating to felonies and misdemeanors resulting in criminal convictions, incarcerations, and arrests have been removed from this application. However, please be aware this organization is required under Chapter 6, Section 172E to complete Criminal Offender Record Information (CORI) requests and this statute as well as other federal regulations prevents this company from hiring and/or retaining employees who have certain violations of these classifications.

REFERENCES

Please indicate a person that is able to comment on your work performance and your personal character:

Name: _____ Phone Number: _____

Mailing Address: _____

Name: _____ Phone Number: _____

Mailing Address: _____

ACKNOWLEDGEMENTS & Affirmations

After completing the application, please read carefully and sign below.

| | |
|---|--|
| <p>1. I give permission to Holy Trinity to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal. I further agree to release and hold harmless all persons and entities from liability for doing so.</p> | <p>5. In the event of my employment, I agree to comply with all facility rules and regulations as they may be changed from time to time. I understand that this application, nor any other facility document, constitutes an offer or contract of employment. I further understand that my employment is for no stated term and may be terminated with or without cause or notice, at will, by the Holy Trinity or myself.</p> |
| <p>2. I understand that any offer of employment made to me is conditioned based on satisfactory results of a physical examination given by medical personnel approved by Holy Trinity and to undergo such and examination in the event I am offered employment. I also agree to take a physical examination at other times as required by the facility during my employment.</p> | <p>6. In the event of resignation or termination, I agree to return all property loaned to me (i.e. badges, uniforms, library books, keys, etc.). If these items are not returned, the facility may withhold from any final compensation due me, monies to cover the value of any UN-returned property.</p> |
| <p>3. I understand that any offer of employment made to me is conditioned based on satisfactory results of a Criminal Offender Registry Check (CORI) in accordance with the above mentioned guidelines and policies of Holy Trinity.</p> | <p>7. I understand that any offer of employment is conditioned on my submission of satisfactory proof of legal eligibility to work in the United States.</p> |
| <p>4. I agree that any personal property carried by me to/ from the facility premises, including packages, briefcases or other handcarried items may be inspected by authorized personnel.</p> | <p>8. I understand it is the policy of Holy Trinity, to require all employees to share day, evening, night, weekend and holiday duties in accordance with the needs of the department and facility.</p> |

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for the facility to request any information concerning my application.

SIGNATURE: _____ DATE: _____