



For Internal Use Only

Date(s) & Time(s) Contacted: _____

Date & Time of Interview: _____

Available for Orientation On: _____

Employment Application

Applicant Information

Full Legal Name: _____ Today's _____
Last First MI.

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date Available: _____ Days & Shifts Desired: _____

Position Applied for: _____

If you are under the age of 18, do you have a valid Work Permit? YES NO
(You will be required to provide a valid Work Permit following a conditional offer of employment) ☐ ☐

Are you a citizen of the United States or a legal alien who has the right to work in the United States? YES NO
(You will be required to provide proof of your right to work following a conditional offer of employment) ☐ ☐

Have you ever worked for this company? YES NO If yes, when? _____
☐ ☐

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.

Education & Training

School/Training Attended	Name of School/Organization	City, State, Zip Code	Level Completed	Degree or Certification
High School				
College				
Trade School				
Graduate School				
Military Service				

This Company Conducts CORI, SORI, OIG LEIE & Mass Nurse's Aide Registry 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 that 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, prevent this company from hiring and/or retaining employees who have certain violations of these classifications.

Professional References

Please indicate 3 people that are able to comment on your work performance and character

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Full Name: _____ Relationship: _____ Phone: _____

Previous Employment - Please begin with the most recent employer

Company: _____ Phone Number: _____
 Address: _____ Name of Supervisor: _____
 Job Title: _____ Skills Acquired: _____

Responsibilities: _____

From: _____	To: _____	May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company: _____ Phone Number: _____
 Address: _____ Name of Supervisor: _____
 Job Title: _____ Skills Acquired: _____

Responsibilities: _____

From: _____	To: _____	May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company: _____ Phone Number: _____
 Address: _____ Name of Supervisor: _____
 Job Title: _____ Skills Acquired: _____

Responsibilities: _____

From: _____	To: _____	May we contact this supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Acknowledgments & Affirmations

After completing the application, please read carefully and sign below

1. I give permission to Goddard Homestead, Inc. to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that falsification, misrepresentation, 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 so.
2. I understand that any offer of employment made to me is conditioned based on satisfactory results of a physical examination, and I agree to undergo such an examination in the event I am offered employment. I also agree to take a physical exam at other times as required by the organization during my employment.
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 stated guidelines and policies of Goddard Homestead, Inc.
4. I agree that any personal property carried by me to/from the facility premises, including packages, briefcases, backpacks or other hand carried items may be inspected by authorized personnel.
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 neither 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 Goddard Homestead, Inc. or myself.
6. In the event of resignation or termination, I agree to return all property loaned to me (i.e. badges, uniforms, books, keys, etc.). If these items are not returned, the organization may withhold from any final compensation due, monies to cover the value of any unreturned property.
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.
8. I understand that it is the policy of Goddard Homestead, Inc. to require all employees to share day, evening, night, weekend, and holiday duties, including assignments at both locations, Goddard House and Homestead Hall, in accordance with the needs of the department and organization.

Signature: _____ Date: _____