

A. Franchi Healthcare Application for Employment

A. Franchi Healthcare (the Company), which includes Meadow Green Nursing and Rehabilitation Center, The Ellis Nursing and Rehabilitation Center and Grove Manor Estates/The Glen at Grove Manor Estates, is an equal opportunity employer. The Company does not discriminate against any applicant or employee based on race, color, religion, sex, sexual orientation, gender identification, national origin, age (40 and over), disability, handicap, military or veteran status, genetic information or any other basis protected by applicable federal, state, or local laws. The Company also prohibits harassment of applicants or employees based on any of these protected categories.

Note to Applicants: Smoking is prohibited in all indoor areas of the Company. Smoking is only permitted in designated outdoor areas.

Today's Date: _____

WHICH CENTER ARE YOU APPLYING TO?

- Meadow Green Nursing and Rehabilitation Center
- The Ellis Nursing and Rehabilitation Center
- Grove Manor Estates/The Glen at Grove Manor Estates

GENERAL INFORMATION:

1. Name: _____
Last First Middle

Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? Yes No

If yes, please provide the other name(s): _____

2. Address: Street: _____
City: _____ State: _____ Zip: _____

3. Home Telephone: (____) _____ Cell Phone: (____) _____
Email: _____

4. How did you learn about us? Ad Walk In Agency
 School Employee Other _____
If someone referred you to us, what is his/her name? _____

5. Are you legally authorized to work in the United States? Yes No

NOTE: If hired, you will be required to submit proof of legal right to work in the United States

6. Are you over 18 years of age? Yes No

7. If no, are you over 16 years of age? Yes No

POSITION AVAILABILITY:

1. What position are you applying for? _____

If applying for a position that will include driving and if hired, can you provide a valid driver's license? Yes No

NOTE: If hired for a driving position, you may be required to provide evidence of insurance or insurability.

2. Type of employment desired:

Regular: Full Time Part Time

Temporary: Full Time Part Time

Per Diem

3. Shift desired: Day Evening Nights

4. Salary desired: _____

5. If hired, when can you start? _____

6. Have you ever worked for this Company before? Yes No

If yes, please specify dates and position(s) held: _____

7. Have you ever applied for employment with this Company before? Yes No

If yes, please specify date: _____

EDUCATIONAL DATA:

TYPE OF SCHOOL	NAME AND ADDRESS (STREET, CITY, ZIP CODE)	MAJOR OR COURSE OF STUDY	NO. OF YEARS COMPLETED	DEGREE
High School:				
College:				
College:				
Graduate School:				
Trade/Business School:				
Other:				

MISCELLANEOUS:

Please list any other job-related skills and qualifications for the position you are seeking:

WORK EXPERIENCE:

1. Please list your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis, as well. List your present employer or most recent employer first. If you need more room, you may use the reverse side of this application.

EMPLOYER	ADDRESS AND TELEPHONE	DATES OF EMPLOYMENT		REASON FOR LEAVING	POSITION TITLE AND DUTIES	NAME/TITLE OF IMMEDIATE SUPERVISOR
		FROM:	TO:			

2. Are you employed now? Yes No

If yes, may we contact your current employer before any offer of employment? Yes No

3. Do you have any commitments to another employer that might affect your employment with us? If yes, please explain. _____

4. Are you subject to any restrictive covenants from prior employment such as agreements to confidential or proprietary information or agreements not to compete? If so, please explain.

REFERENCES:

List 3 people not related to you who have known you longer than 1 year. Employment references preferred.

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED	REFERENCE CHECKED BY: [COMPANY USE ONLY]
1.				
2.				
3.				

EMPLOYMENT REFERENCE AUTHORIZATION AND REQUEST

To be completed by Applicant:

Please check the box for the Center you applying to:

- Meadow Green Nursing and Rehabilitation Center**, 45 Woburn St. Waltham, MA 02452
Tel 781-899-8600, Fax 781-899-3124
- The Ellis Nursing and Rehabilitation Center**, 135 Ellis Ave Norwood, MA 02062
Tel 781-762-6880, Fax 781-769-0482
- Grove Manor Estates/The Glen at Grove Manor Estates**, 160 Grove St. Braintree, MA 02184
Tel 781-843-3700, Fax 781-843-3744

Applicant's Name _____

Previous/Current Employer _____

Name of Contact _____

Employer Contact Tel. # _____ Fax # _____

Address _____

I, _____ having applied for the position of _____ with a center owned by A. Franchi Healthcare. I do hereby authorize you to provide A. Franchi Healthcare with the information requested herein. My typed name below is the equivalent of my signature and confirms that I specifically consent to disclosure in accordance with provisions of applicable Federal and State laws.

Signed _____ Dated _____

TO BE COMPLETED BY PRESENT/PREVIOUS EMPLOYER

Please complete and return to the Center checked above:

Dates of Employment: From _____ To _____

Position held: _____

Ability _____ Job knowledge _____ Honesty _____

Cooperativeness _____ Dependability _____

General Attitude _____ Punctuality _____

Relationship with co-workers _____

Reason for leaving _____

Would you rehire? _____ If no, please state reason _____

Signed _____ Title _____ Date _____

A. Franchi Healthcare 190 N Main Street Natick, MA 01760 Tel 781-237-8503 Fax 508-655-1696

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VERBAL TELEPHONE EMPLOYEE REFERENCE

Applicant's Name _____

Reference Name: _____

Company: _____

Telephone #: _____

Dates of Employment: From _____ To _____

Position: _____

Reference Response: _____

Eligible for Hire: Yes No Reason if not hired: _____

Additional Information: _____

Verified by: _____

Signature

Date

APPLICANT'S STATEMENT AND ACKNOWLEDGEMENT

Which Center are you applying to?

- Meadow Green Nursing and Rehabilitation Center
- The Ellis Nursing and Rehabilitation Center
- Grove Manor Estates/The Glen at Grove Manor Estates

This application will not be considered complete until you have:

(1) read and initialed each statement below, and (2) signed and dated this document

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the Administrator/Executive Director of the Company, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Administrator/Executive Director, any such agreements must be in writing and signed by the Administrator/Executive Director and by me or my authorized representative.

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.

Initial: _____ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from the Company and prior to starting work. I agree that any offer of employment is contingent upon my receiving a negative test result.

Initial: _____ I understand that it is unlawful in Massachusetts 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.

My typed name below is the equivalent of my signature below certifies that I agree to be bound by the terms and conditions stated in my application for employment, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

PRINTED NAME

This application will only be considered for 30 days. If you have not been hired in the 30 day period and the company wants to consider you for another position, the Company will contact you.

Applicant - Schedule Request

Which Center are you applying to?

- Meadow Green Nursing and Rehabilitation Center
- The Ellis Nursing and Rehabilitation Center
- Grove Manor Estates/The Glen at Grove Manor Estates

Name _____ Position Sought _____ Tel # _____

Shift requested: days evenings nights e/o every weekend

Hours requested: 40/week 32/week 24/week 16/week per diem

All regularly scheduled shifts require a weekend commitment

(please indicate preferred days or days available if per diem)

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
1							
Date							
2							

I fully understand that this is a schedule request. The Company does not guarantee that my request will be granted, although it will strive to do so. Final schedules are determined by management consistent with the needs of the facility. I further understand that if the needs of the facility change then the Company may need to change my work schedule.

All changes/requests are to be submitted to the Director of Nursing of the Center to which you are applying, using this form, no later than the 15th of the month and, if approved, will become effective the first of the following month. The Company will attempt to reasonably accommodate employees who request certain hours or days off because of religious beliefs or practices.

My typed name below is the equivalent of my signature and confirms that I acknowledge the schedule request information above.

Signature _____ Date _____

Director of Nursing Signature _____ Date _____

Approved Denied Reason _____