

Date of Application _____

**Dodge Park Rest Home and Day Club
Oasis at Dodge Park**

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Dodge Park and Oasis to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, gender, or any other category protected by applicable law. If you need assistance completing this form, please contact us.

PERSONAL INFORMATION (Please print in blue or black ink)				
Name: First		Middle	Last	
Address: Number		Street	City	State Zip
Mailing Address (if different then residential)				
Telephone (Home) (_____) _____		(Cell) (_____) _____		
E-mail Address: _____		E-mail Address: _____		

EMPLOYMENT DESIRED:	
Position Applying for:	Date you can start:
Have you worked for Dodge Park before? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, when? _____	Starting salary desired
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you over age 18? YES <input type="checkbox"/> NO <input type="checkbox"/> If you are under 18, are you able to obtain a work certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>Have you been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.*</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**An applicant for employment with a sealed record on file with the Commissioner of 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 any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."
MGL Ch. 276, Section 100A.

Who referred you to us?

Walk-in Employee Advertisement On-line/web Other (write in):

Name of Employee who referred you (if any): _____

EMPLOYMENT HISTORY	
Please note: You may submit a resume as a supplement to this Application for Employment, but you are still required to complete this Employment Application in full.	
COMPLETE ALL INFORMATION IN FULL	
Begin with your <u>most recent</u> employment, including any present employment. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.	
Employer _____ Telephone # _____	Dates Employed: _____ / _____ to _____ / _____
Street Address _____ City _____ State _____	Rate of Pay (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Job Title _____	Rate of Pay (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Supervisor's Name & Title _____	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for leaving:	
Specific Duties:	
What did you like <i>most</i> about your position?	
What did you like <i>least</i> about your position?	
Employer _____ Telephone # _____	Dates Employed: _____ / _____ to _____ / _____
Street Address _____ City _____ State _____	Rate of Pay (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Job Title _____	Rate of Pay (final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Supervisor's Name & Title _____	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for leaving:	
Specific Duties:	
What did you like <i>most</i> about your position?	
What did you like <i>least</i> about your position?	
Employer _____ Telephone # _____	Dates Employed: _____ / _____ to _____ / _____
Street Address _____ City _____ State _____	Rate of Pay (starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Job Title _____	Rate of Pay (final)

		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Supervisor's Name & Title		May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for leaving:			
Specific Duties:			
What did you like <i>most</i> about your position?			
What did you like <i>least</i> about your position?			
Employer		Telephone #	
		Dates Employed: _____ / _____ to _____ / _____	
Street Address		City	State

		Rate of Pay (starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Job Title _____		Rate of Pay (final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per _____
Supervisor's Name & Title		May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason for leaving:			
Specific Duties:			
What did you like <i>most</i> about your position?			
What did you like <i>least</i> about your position?			

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

EDUCATION					
Name of School	Location City	State	Main Course of Study	Did you Graduate	Degree

List any additional related education or training: _____

<p>MILITARY SERVICE INFORMATION</p> <p>This information is furnished on a voluntary basis.</p> <p>Check all that apply to you: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran</p> <p>Dates of Service: _____ to _____ Branch _____</p>

PROFESSIONAL REFERENCES (not personal):

Please list 3 people, not related to you, who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Known
1				
2				
3				

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess:

License _____ License Number _____ Date Issued _____ Expiration Date _____

License _____ License Number _____ Date Issued _____ Expiration Date _____

LANGUAGE CAPABILITIES**List any language(s) other than English in which you are proficient including Sign Language and ability to read Braille. ***

Language	Conversational			Reading			Writing		
	HIGH <i>Fluent</i>	MOD <i>Good</i>	LOW <i>Fair</i>	HIGH <i>Fluent</i>	MOD <i>Good</i>	LOW <i>Fair</i>	HIGH <i>Fluent</i>	MOD <i>Good</i>	LOW <i>Fair</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If language proficiency is required, Dodge Park Rest Home and Day Club and Oasis at Dodge Park may administer a language competency screening.

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with Dodge Park Rest Home and Day Club or Oasis at Dodge Park. I hereby authorize Dodge Park Rest Home and Day Club or Oasis at Dodge Park to conduct an investigation into my background.

I authorize Dodge Park Rest Home and Day Club or Oasis at Dodge Park to obtain my previous work records, employment records, character references, and any other information concerning character, ability, and habits and all other necessary information. Further, I grant authority to the keeper of these records to release said records to Dodge Park Rest Home and Day Club or Oasis at Dodge Park for the purpose of making its hiring decision. I agree that Dodge Park Rest Home and Day Club and/or Oasis at Dodge Park shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination of employment from Dodge Park Rest Home and Day Club or Oasis at Dodge Park.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my eligibility to work in the United States within my first three days of employment.

I understand that my employment will be at-will, which means that both Dodge Park Rest Home and Day Club and Oasis at Dodge Park and I are free to terminate the employment relationship at any time for any reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date



Printed Name

Note: "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." MGL Ch.149, Section 19B

FOR HUMAN RESOURCES USE ONLY

Distributed? YES NO

To Whom: _____

Interviewer comments

Interviewer signature

Interviewer name (please print)

Reference check

1. _____ 2. _____ 3. _____

Start Date _____ Rate of Pay _____ Dept. _____ Employee # _____

Hold for Future Opportunities: YES NO _____

Reason for Non-hire (if applicable) _____

FOR HUMAN RESOURCES USE ONLY

Distributed? YES NO

To Whom: _____

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2.

3.

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