



APPLICATION FOR EMPLOYMENT

RegalCare at Greenfield is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. RegalCare at Greenfield considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PERSONAL INFORMATION

| | | | | | |
|----------------------|--------|------------|------|-------|----------|
| Last Name | | First Name | | | Middle |
| Address: | Number | Street | City | State | Zip Code |
| Telephone Number(s): | Home | | Work | | Cell |
| E-Mail Address: | | | | | |

How did you hear about us? Newspaper Yellow Pages Internet
 Other _____

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

95 Laurel Street – Greenfield, MA – 01301
Phone 413.774.3143



EMPLOYMENT DESIRED

Position(s) applied for: _____

On what date would you be available to work? _____

Are you available to work: Full-Time Part-Time Per Diem

Hourly Rate/Salary desired? _____

Certified Nurses Aides: _____ Certification No.: _____

Nurses: RN: _____ LPN: _____ CT License No.: _____

Have you ever been dismissed, involuntarily terminated
or forced to resign from employment? Yes No

If yes, please explain: _____

Do you have a résumé? Yes No

EDUCATION AND TRAINING

| | Name and Address of School | Course of Study | Years Completed | Diploma/Degree |
|---|----------------------------|-----------------|-----------------|----------------|
| High School | | | 9 10 11 12 | |
| College | | | 1 2 3 4 | |
| Graduate/Professional Trade/Business School | | | 1 2 3 4 | |



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Describe any specialized training, licenses, certifications and skills: _____

Has any license or certification you have held been surrendered, suspended or revoked for any reason? If so, please explain: _____

EMPLOYMENT EXPERIENCE

Provide your complete employment history for the past 10 years. Do not omit any jobs. Include any job-related military service and volunteer activities.

Employer _____ From _____ to _____

Address _____

Telephone Number(s) _____ Job Title _____

Duties and Accomplishments _____

Supervisor (Name and Title) _____

Reason for Leaving _____



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Employer _____ From _____ to _____

Address _____

Telephone Number(s) _____ Job Title _____

Duties and Accomplishments _____

Supervisor (Name and Title) _____

Reason for Leaving _____

Employer _____ From _____ to _____

Address _____

Telephone Number(s) _____ Job Title _____

Duties and Accomplishments _____

Supervisor (Name and Title) _____

Reason for Leaving _____

*If you need additional space, please continue on back of application or attach additional sheets.



**AT-WILL EMPLOYMENT DISCLAIMER AND
APPLICANT'S AGREEMENT AND CERTIFICATION**

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate RegalCare at Greenfield.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of RegalCare at Greenfield. Further, in consideration of my employment, I agree to conform to the policies and procedures of RegalCare at Greenfield, as they may from time to time be implemented or revised, and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either RegalCare at Greenfield or myself. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless the Owner of RegalCare at Greenfield specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee at RegalCare at Greenfield has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of this Employer should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, résumés, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance of employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

Signature of Applicant

Date



CRIMINAL BACKGROUND

NOTE

THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT.

Have you ever been convicted of or pleaded guilty of nolo contendere (no contest) to a violation of any state, federal, county or municipal law? (Do not include traffic violations)

Yes No

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

Applicants are not required to disclose the existence of an arrest, criminal charge or conviction for which records have been "erased." The types of records subject to erasure under Massachusetts law are as follows: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon.

Any application whose criminal records were erased will be considered to have never been arrested and may so swear under oath.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Signature of Applicant

Date



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**RegalCare at Greenfield
95 Laurel Street
Greenfield, MA 01301**

Human Resources Department: Telephone: 413-774-3143

TO: _____

The following individual has indicated that they were employed by your company. He/she has authorized all persons and entities to release information to RegalCare at Greenfield and releases and agrees to hold each harmless from all liability and responsibility for doing so (please see following statement).

We appreciate your completing the reference check at your earliest convenience.

Thank you,
Human Resources

CANDIDATE'S STATEMENT:

I understand that as part of RegalCare at Greenfield's due diligence effort, a verification of my background will be conducted. I hereby authorize all persons and entities (including but not limited to businesses, corporations, former supervisors, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments and all military services) to release all written and verbal information about me to RegalCare at Greenfield. I release and agree to hold each harmless from all liability and responsibility for doing so. I specifically understand and authorize the procurement of any investigative report and understand that in all likelihood it will contain information about my background. This release, in original or copy form, is valid now or any time in the future. I agree with all the provisions shown in this disclosure form and have been provided a copy of this document.

Candidate's Signature _____ Date _____

REFERENCE CHECK FOR: _____

Dates of Employment: From _____ To _____

Position Held _____

Completed By _____ Date _____

Position _____



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