



DOCUMENTS REQUIRED FOR HIRE.

TO FACILITATE THE PROCESS OF YOUR APPLICATION PLEASE PROVIDE US WITH THE FOLLOWING DOCUMENTS.

- Social Security card in copy must be in color
- I.D or drivers license copies must be in color
- Copy of Car insurance of registration if applicable.
- TB within 1 year of Chest X ray within 10 years.
- Physical within 1 year.
- CPR and First Aid for all Professionals
- License for Professionals (LPNs, RNs SWs etc)
- CNA or HHA certificate.
- Copy Diploma or School Transcripts for professionals.
If not available must sign an attestation letter.
- Immigration documents as applicable.



APPLICATION FOR EMPLOYMENT

Date: _____		Home No. _____	
		Cell No. _____	
Name: _____			
LAST	MIDDLE	FIRST	
Soc. Sec. # _____		Email: _____	
Present Address: _____			
Street	City	State	Zip

EMPLOYMENT DESIRED

Position: _____		Date you can start: _____		Wage range: _____	
Type of Employment Desired:	Part-time	Full-time	Per Diem		
	Days	Evenings	Weekends		
Were you previously employed by us?	Yes	No	If yes, Dates? _____		
Are you a U.S. citizen?	Yes	No			
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?	Yes	No			

MILITARY SERVICE RECORD

Have you ever serviced in the Armed Forces? Yes No

Present membership in the National Guard or Reserves Yes No

If yes, what branch? _____

Dates of duty: From: _____ To: _____

EDUCATION

EDUCATION	Name and Location of School	No. of Years Completed	Graduated? Yes / No	Major or Degree
High School				
College				
Post Graduate				
Other Education				

EMPLOYMENT HISTORY

List your record of employment beginning with your present or most recent position.

Dates From To	Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

Dates From To		Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

Dates From To		Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving

Describe the work you did:

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact.

If hired, we will require an employee's certification that a background check and academic verification has been completed by your primary employer.

REFERENCES

Please provide (3) references not including family members:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

AUTHORIZATION

In exchange for consideration of employment by A Caring Heart Nursing Services, LLC I agree that:

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbook, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other organizational practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of A Caring Heart Nursing Services or otherwise to change in any respect the **employee at-will relationship** between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Chief Executive Officer of the company. Both the undersigned, and by A Caring Heart Nursing Services, may end the employment relationship at any time, without specific notice or reason. If employed I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements made in this application. I understand that the misrepresentation or omission of facts called for is grounds for dismissal at any time without any previous notice. I hereby give the organization permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the organization from any liability as a result of such contact. **I further give my consent for the company or its authorized agent to conduct necessary reports such as Criminal Offender Record Investigation (CORI) and Sex Offender Registry Board (SORB).**

I also understand that the company has a "reasonable suspicion" and "post accident" drug testing policy and I consent to and compliance with such a policy as condition of employment.

I understand that, in the connection of routine processing of your employment application, the organization may request from a consumer agency an investigative consumer report including information as to my credit records, criminal history, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the organization will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Applicant's Signature

Date

Thank you for completing this application form and for your interest in our organization

Reference Form

Who should we send this to: _____

Address: _____

Phone: (____) _____

The individual listed below has applied for a position with A Caring Heart Nursing Services LLC

Name: _____ Social Security Number: ____ - ____ - ____

Last First Middle initial

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments: _____

Name of Reference

Title

Date

Applicant's authorization to Release Information.

I hereby give permission for my previous employer to release this referral information about my position with their Company and comments regarding my work ethic and character during my employment.

Applicants Signature _____ Date _____

Reference Form

Availability List

EMPLOYEE NAME: _____

Phone # _____ Cell phone # _____

DATE OF HIRE (date of orientation) _____

I am available at the following days and / or hours:

AVAILABLE	FROM	TO
<input type="checkbox"/> Mon		
<input type="checkbox"/> Tues		
<input type="checkbox"/> Weds		
<input type="checkbox"/> Thurs		
<input type="checkbox"/> Fri		
<input type="checkbox"/> Sat		
<input type="checkbox"/> Sun		

ONLY check towns you are willing to travel to

<input type="checkbox"/> Agawam <input type="checkbox"/> Amherst <input type="checkbox"/> Athol <input type="checkbox"/> Auburn <input type="checkbox"/> Belchertown <input type="checkbox"/> Berkshire County <input type="checkbox"/> Brimfield <input type="checkbox"/> Brockton <input type="checkbox"/> Boston <input type="checkbox"/> Chicopee <input type="checkbox"/> Cambridge <input type="checkbox"/> Deerfield <input type="checkbox"/> East Longmeadow <input type="checkbox"/> East Hampton <input type="checkbox"/> Fall River <input type="checkbox"/> Fitchburg <input type="checkbox"/> Franklin County <input type="checkbox"/> Granby <input type="checkbox"/> Greenfield <input type="checkbox"/> Hadley <input type="checkbox"/> Hampden <input type="checkbox"/> Hatfield <input type="checkbox"/> Holyoke	<input type="checkbox"/> Leominster <input type="checkbox"/> Longmeadow <input type="checkbox"/> Lowell <input type="checkbox"/> Ludlow <input type="checkbox"/> Lynn <input type="checkbox"/> Milford <input type="checkbox"/> Monson <input type="checkbox"/> New Bedford <input type="checkbox"/> North Adams <input type="checkbox"/> Northampton <input type="checkbox"/> Northfield <input type="checkbox"/> Orange <input type="checkbox"/> Palmer <input type="checkbox"/> Pelham <input type="checkbox"/> Pittsfield <input type="checkbox"/> Shelburne Falls <input type="checkbox"/> Shrewsbury <input type="checkbox"/> South Hadley <input type="checkbox"/> Southampton <input type="checkbox"/> Southwick <input type="checkbox"/> Springfield	<input type="checkbox"/> West Springfield <input type="checkbox"/> Westfield <input type="checkbox"/> Westhampton <input type="checkbox"/> Wilbraham <input type="checkbox"/> Worcester <input type="checkbox"/> Warren <input type="checkbox"/> Sunderland <input type="checkbox"/> Ware
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