LINDEN HOUSE ALF/MC and BRANCHLANDS ILF

owned and operated by Cambridge Healthcare

APPLICATION FOR EMPLOYMENT

(A resume may be submitted but not as a substitute for the information requested.)

DATE: POSITION APPLIED FOR:

Circle All that Apply: FT PT PRN SHIFT PREFERENCE:

DATE AVAILABLE FOR WORK: DESIRED RATE OF PAY:

Depending on the nature of its duties, some of our jobs require employees who are at least 18 years of age. Are you ***under*** the age of 18? YES NO

Can you provide legal documentation establishing your identity and eligibility to be legally employed in the United States? YES NO

NAME: S.S.N.

ADDRESS:

Phone #(s) where you can be reached:

Email address:

Have you ever been terminated, disciplined or asked to resign from a job due to an issue involving resident care? YES NO

IF YES, PROVIDE NAME OF EMPLOYER and DATE OF ACTION:

Have you ever quit a job without giving at least 2 weeks advance notice? YES NO

IF YES, PROVIDE DATE and CIRCUMSTANCES:

Have you ever been employed at Linden House or Branchlands Independent Living? YES NO

IF YES, PROVIDE NAME AT TIME OF PREVOUS EMPLOYMENT:

Do you know anyone who currently works at Linden House or Branchlands or who used to work at one of these locations in the past? YES NO

IF YES, PROVIDE NAME and, if known, JOB TITLE:

Are you now or have you ever been known by any other name, or have you ever changed your name (first or last)? YES NO

IF YES, PROVIDE FORMER NAME:

Have you been convicted of a crime involving theft, violence, drugs or any law involving lying, cheating or stealing? ***Do not answer "yes" if our conviction record has been annulled, expunged, vacated, sealed, pardoned, erased, impounded or restricted.*** NOTE – The existence of a criminal history will not automatically disqualify you from the job you are applying for unless required by regulation. YES NO

IF YES, PROVIDE DETAILS ABOUT THE CONVICTION(S). Please include the nature of the conviction(s), the date, any sentence served, and any ongoing obligations you have such as probation. In addition, please note any information about the relevance of the conviction(s) to the job for which you are applying:

As a condition of employment with Linden House, if you are offered employment, are you willing to undergo a criminal background and employment reference check? YES NO

Applicants who receive an offer of employment will be asked to submit to a drug screening test. A negative result is required to begin or resume employment. A positive result will cause the offer to be revoked. The drug test will be conducted in accordance with applicable federal and state law via urinalysis. Therapeutic levels of medically-prescribed drugs will not be reported. If you are offered employment, are you willing to submit to a drug screening test? YES NO

EMPLOYMENT HISTORY Please start with most recent job and include military service if applicable. Use additional sheet(s) if needed to record all previous jobs.

1. NAME OF EMPLOYER:

YOUR JOB TITLE:

RATE OF PAY ***(this information is voluntary)***:

DATES OF EMPLOYMENT: From _____/_____/_____ To_____/_____/_____

ADDRESS and/or PHONE NUMBER of employer:

NAME / TITLE OF YOUR SUPERVISOR:

MAY WE CONTACT? Yes No

REASON FOR LEAVING:

2. NAME OF EMPLOYER:

YOUR JOB TITLE:

RATE OF PAY ***(this information is voluntary)***:

DATES OF EMPLOYMENT: From _____/_____/_____ To_____/_____/_____

ADDRESS and/or PHONE NUMBER of employer:

NAME / TITLE OF YOUR SUPERVISOR:

MAY WE CONTACT? Yes No

REASON FOR LEAVING:

3. NAME OF EMPLOYER:

YOUR JOB TITLE:

RATE OF PAY ***(this information is voluntary)***:

DATES OF EMPLOYMENT: From _____/_____/_____ To_____/_____/_____

ADDRESS and/or PHONE NUMBER of employer:

NAME / TITLE OF YOUR SUPERVISOR:

MAY WE CONTACT? Yes No

REASON FOR LEAVING:

4. NAME OF EMPLOYER:

YOUR JOB TITLE:

RATE OF PAY ***(providing this information is voluntary)***:

DATES OF EMPLOYMENT: From _____/_____/_____ To_____/_____/_____

ADDRESS and/or PHONE NUMBER of employer:

NAME / TITLE OF YOUR SUPERVISOR:

MAY WE CONTACT? Yes No

REASON FOR LEAVING:

PROFESSIONAL LICENSURE If applicable to the job for which you are applying, provide license or registration number:

_____

REFERENCES Provide name and contact information for 3 individuals (***not family***) acquainted with skills and abilities you have demonstrated in work or school setting.

1. Name: _____ Phone: _____

   Email: _____

   Relationship: (circle one) Supervisor Teacher/Coach Co-Worker

2. Name: _____ Phone: _____

   Email: _____

   Relationship: (circle one) Supervisor Teacher/Coach Co-Worker

3. Name: _____ Phone: _____

   Email: _____

   Relationship: (circle one) Supervisor Teacher/Coach Co-Worker

EDUCATION DETAILS

What is the highest level of education you have achieved?

- ☐ High School Diploma ☐ GED or equivalent
- ☐ Vocational training: LPN or RN or RMA or C.N.A. or PCA / DCA training course
- ☐ 2 or 4-year college degree
- ☐ Currently attending school? YES NO If yes, name of school:_____

I hereby certify and affirm that the information provided in connection with the application process, defined as both the application and resume, is true, accurate and complete, and that I have withheld nothing that would, if disclosed, affect this application process unfavorably. I hereby authorize Linden House or Branchlands to investigate all information pertinent to my resume and application for employment in order to determine my qualifications for employment, which may include contacting former and/or current employers or any other person or entity. I hereby authorize all persons and entities having information relevant to my application and resume to provide that information to Linden House or Branchlands. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to Linden House or Branchlands or if I violate any of the provisions of this certification. I understand that any omission, misrepresentation, or falsification in connection with this application process maybe grounds for denial of employment or, if hired, immediate termination of employment. I further understand that if I am hired by Linden House or Branchlands, I must abide by all their rules and policies which, other than the at-will employment policy, may be changed without notice at the direction of management. This includes a requirement to satisfactorily complete all documents presented to me, upon hire, as part of the new hire process and my understanding that my failure to do so will be grounds for immediate termination.

DATE: SIGNATURE OF APPLICANT: _____