



# Employment Application

Pre-Employment Drug Screen Is Required

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or any other characteristic protected by applicable federal, state or local law.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_  
(If Nursing, which department)

Referral Sources:  Print Advertisement  Walk-in  Employment Agency  
 Internet \_\_\_\_\_  Company Web site  Direct Mail  Employee Referral  
(List Internet Site)  
 Friend \_\_\_\_\_  Relative \_\_\_\_\_  Other \_\_\_\_\_  
(Name of Friend) (Name and Relationship of Relative)

Name \_\_\_\_\_  
LAST MIDDLE FIRST

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone (H) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Area Code Area Code

Email Address \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Can you furnish a work permit if you are under 18?  
 Yes  No  
 N/A

Have you filed an application here before?  
 Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed here or at another UHS facility?  
 Yes  No  
If Yes, when, where? \_\_\_\_\_

Do you have any relatives currently employed here?  
 Yes  No

Are you employed now?  
 Yes  No

May we contact your present employer?  
 Yes  No

Are you prevented from becoming lawfully employed in this country?  
 Yes  No  
(authorization to work required prior to employment)

On what date are you available for work? \_\_\_\_\_

Minimum Salary Requirements: \_\_\_\_\_

Have you ever been convicted, or pled guilty, including a plea of no contest, to a criminal offense?  
 Yes  No  
If so, please explain: \_\_\_\_\_

(Please note that a conviction does not necessarily disqualify an applicant from employment. Also, "conviction" includes sentenced to confinement, payment of fines, time served, probation, deferred adjudication, and/or court-ordered restitution.)

Have you ever had your professional license suspended or revoked?  
 Yes  No  
 N/A

Are you available to work?  
 Full-time  Part-time  Per Diem  
 Temporary  Weekends

Shift:  1st  2nd  3rd  
 7 am – 7 pm, where available  7 pm – 7 am, where available

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you a Nursing Applicant?  Yes  No

If Yes, please select the number of years' experience in a similar position.

0-1 year  2-4 years  
 5-9 years  10+ years

# Education

|                             |                  |          |
|-----------------------------|------------------|----------|
| Professional License Number | Expiration Date: | Comments |
| Type of License             |                  |          |
| Professional License Number | Expiration Date: | Comments |
| Type of License             |                  |          |

| School Name                      | High  | College / University   | Graduate / Professional  |
|----------------------------------|---|--|--|
| City, State                      |   |  |  |
| Years Completed<br>(Check boxes) | 9   10   11   12<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1   2   3   4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1   2   3   4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Diploma / Degree                 |   |  |  |
| Describe Course of Study         |   |  |  |

|                  |  |
|------------------|--|
| Honors & Awards: |  |
|------------------|--|

|   |  |
|---|--|
| Describe specialized training, apprenticeship, skills with number of years experience. Also, describe extra-curricular activities (optional). |  |
|---|--|

|   |
|---|
| State any additional information you feel may be helpful to us in considering your application: |
|---|

| The primary language requirement for most positions is English.<br>(Optional)<br>Indicate any other languages you speak, read, or write: | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 25%;">FLUENT</th> <th style="width: 25%;">GOOD</th> <th style="width: 30%;">FAIR</th> </tr> </thead> <tbody> <tr> <td>SPEAK</td> <td></td> <td></td> <td></td> </tr> <tr> <td>READ</td> <td></td> <td></td> <td></td> </tr> <tr> <td>WRITE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |      | FLUENT | GOOD | FAIR | SPEAK |  |  |  | READ |  |  |  | WRITE |  |  |  |
|--|---|------|--------|------|------|-------|--|--|--|------|--|--|--|-------|--|--|--|
|  | FLUENT  | GOOD | FAIR   |      |      |       |  |  |  |      |  |  |  |       |  |  |  |
| SPEAK  |   |      |        |      |      |       |  |  |  |      |  |  |  |       |  |  |  |
| READ   |   |      |        |      |      |       |  |  |  |      |  |  |  |       |  |  |  |
| WRITE  |   |      |        |      |      |       |  |  |  |      |  |  |  |       |  |  |  |

|  |
|--|
| List Professional, trade, business, or civic activities and offices held.<br>(You may exclude those which indicate race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, or disability): |
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>   |

| Professional References: |                           |  |         |           |
|--------------------------|---------------------------|--|---------|-----------|
| Name                     | Relationship to Applicant | Name of organization where individual knew your work performance | Address | Telephone |
|                          |                           |  |         |           |
|                          |                           |  |         |           |
|                          |                           |  |         |           |
|                          |                           |  |         |           |

# Employment Experience

Indicate any other name under which you have worked

Please complete the following, even if you are attaching a resume. Start with your present or last job.  
Include military service assignments and volunteer activities.

|                         |  |
|-------------------------|--|
| Employer                | Dates Employed: From _____ / _____ to _____ / _____<br>Month / Year Month / Year |
| Address                 | Base Hourly Rate/Salary: Starting _____ Final _____                              |
| City State Zip          | Work Performed _____   |
| Telephone Number<br>( ) | _____  |
| Job Title               | _____  |
| Supervisor              | _____  |
| Reason for Leaving      | _____  |

|                         |  |
|-------------------------|--|
| Employer                | Dates Employed: From _____ / _____ to _____ / _____<br>Month / Year Month / Year |
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|                         |  |
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| Telephone Number<br>( ) | _____  |
| Job Title               | _____  |
| Supervisor              | _____  |
| Reason for Leaving      | _____  |

If you need additional space, please continue on a separate sheet of paper.

# Applicant's Certification and Agreement

In consideration of being employed, I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, my employment may be terminated.
2. The Company has my authorization to thoroughly investigate my work and personal and credit history if applicable to my position and I hereby consent to take any test, whenever the Company deems it necessary including an employer investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such an investigation.
3. If I am extended an offer of employment, any doctor, hospital or testing laboratory has my consent to conduct medical or drug tests on me, and I hereby give my consent to having all information released for the Company to determine my abilities to perform job duties now or in the future. I acknowledge that I do not use or abuse illegal substances. I also give my consent to physical searches of myself and my brief case, purse, lunch box, car, locker or any packages I have while on the Company's premises, whether or not I have a lock on such items.
4. If employed, I may terminate my employment at any time without notice or cause, and the Company may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the Company, and I understand that no department head or representative of the Company, other than the President of the Company, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
5. If employed, I understand that I must abide by the Company policies, including the Service Excellence standards and realize that service excellence is a priority of this Company.
6. The needs of the Company may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work location other than the location offered to you at the time of your hire. I accept these conditions of employment.
7. The Company is an equal opportunity employer. The Company does not discriminate in employment and no question on my employment application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
8. If employed, I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only 1 year. At the conclusion of this time, if I have not had any contact from the Company and still wish to be considered for employment, it will be necessary for me to fill out a new application.
11. I understand that the Company requires all staff to report sanctions, convictions, suspensions, censures or revocation ("sanction") action taken against them by federal, state, local, or other professional entities. These sanctions may include but are not limited to infractions against professional licensure, criminal history convictions, history of child abuse, managed care organizations, etc.
12. Employees and visitors often receive specific information concerning residents (i.e., residents includes but is not limited to: patients, students, etc.) and their illness. This information is strictly confidential and should never be discussed with other residents, visitors, fellow employees, family or friends. All employees and visitors must fully understand that any information they receive concerning residents and/or activities is confidential information.
13. READ CAREFULLY BEFORE SIGNING. I agree that any claim or lawsuit relating to my service with UHS or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

**I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.**

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

It is unlawful in some states, including 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 liabilities.

## FOR HUMAN RESOURCES USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hour Rate/Salary \_\_\_\_\_ /Dept. \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Name and Title



# Voluntary Applicant Data Record

We ask that you complete this section so that we can comply with any applicable government record keeping. This form is completely voluntary. No adverse action will be taken for your choice not to complete the form.

(PLEASE PRINT)

Date \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Sources:  Print Advertisement  Walk-in  Employment Agency  
 Internet \_\_\_\_\_  Company Web site  Direct Mail  Employee Referral  
(List Internet Site)  
 Friend \_\_\_\_\_  Relative \_\_\_\_\_  Other \_\_\_\_\_  
(Name of Friend) (Name and Relationship of Relative)

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or any other characteristic protected by applicable federal, state or local law.

This data is used for both our purposes to assess our equal employment opportunities policy and practices and, if applicable for any required government reporting.

This data is kept in a confidential file separate from the application of employment.

## Applicant Flow Data

Certain government agencies, such as the EEOC, require periodic reports on the gender, national origin, etc. This data is for analysis of our equal employment opportunities policy and, where applicable, affirmative action obligations.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Check one:  Male  Female

Check one of the following:  
 Race / Ethnic Group

Caucasian  African-American or Black  Hispanic or Latino  
 American Indian/Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  Two or More Races

Veteran  N/A  Yes  No

Disabled  N/A  Yes  No