



Assisted Living Center ~ Salisbury

19 Beach Road, Salisbury, MA 01952
978-463-9809, fax 978-463-3009
www.assistedlivingcenter.org

APPLICATION FOR CAREER OPPORTUNITY

Revised 07/17/06	
Date Application Received: _____	
EEO Log: _____	_____
Date	Initials

(For Office Use Only)	

INSTRUCTIONS: Please fill out the application completely even if you attach a resume.

Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, religion, age, sex, disability, or any other factor prohibited by law or regulation. Assisted Living Center, Inc. is an equal opportunity employer.

BASIC INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
CELL ()	ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DAY ()			
EVENING ()			

TELL US MORE ABOUT YOUR DESIRE FOR EMPLOYMENT WITH ASSISTED LIVING CENTER - SALISBURY

POSITION TITLE:	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT?		
HAVE YOU EVER APPLIED WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?	HAVE YOU EVER WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN AND WHY DID YOU LEAVE?	
TYPE OF WORK <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY/SEASONAL <input type="checkbox"/> PER DIEM	SHIFT DESIRED <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> WILLING TO WORK ANY SHIFT <input type="checkbox"/> 3 rd (You May Be Required to Work Other Shifts on Occasion as Needed)	
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK OVERTIME DURING THE WEEKEND IF NECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL YOU WORK DOUBLE SHIFTS IF NECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK DOUBLE SHIFTS ON THE WEEKEND IF NECESSARY <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY ON-GOING OBLIGATIONS OR OTHER PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE:		

ADDITIONAL INFORMATION

CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR, IF AN ALIEN, PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED FROM PREVIOUS JOBS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION, EXCEPT A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT) IF YES, PROVIDE DETAILS:

EDUCATION AND TRAINING

	SCHOOL NAME CITY AND STATE	# YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				

EMPLOYMENT RECORD: DO NOT indicate “see resume”.

Give a complete account of your employment, including salary history. Begin on the first line with your present or most recent position and work back. Please attach an additional sheet if necessary and include all periods of unemployment.

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB/WHY DID YOU LEAVE?		

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB/WHY DID YOU LEAVE?		

MONTH/YR STARTED	<u>NAME, ADDRESS, PHONE OF EMPLOYER</u>	STARTING SALARY	POSITION/DUTIES	REASON FOR LEAVING
MONTH/YR ENDED		ENDING SALARY		SUPERVISOR'S NAME & TITLE
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB/WHY DID YOU LEAVE?		

Tell us about any periods of unemployment over the past ten years:

WORK REFERENCES:

FIRST NAME, LAST NAME	COMPANY & TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

Who referred you to Assisted Living Center – Salisbury?

CORI REQUEST FORM

[XALEIN]

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Assisted Living Center, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

_____-_____-_____
SOCIAL SECURITY NUMBER

ADDRESS: _____

RECEIVED BY: _____

SIGNATURE OF ASSISTED LIVING CENTER, INC. /CORI AUTHORIZED PERSONNEL

CERTIFICATE OF APPLICANT (Read carefully before signing.)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, and others identified hereon, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Assisted Living Center, Inc. concerning my prior educational and work histories, criminal and driving records, or other information I have provided hereon. I waive, release, indemnify and hold harmless Assisted Living Center, Inc., employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will at any time by either myself or the company. I understand that any employment agreement to the contrary must be in writing and approved by the Company's President. If employed, I agree to comply with all rules of the company as a condition of continued employment.

DATE _____

SIGNATURE OF APPLICANT _____