

# MONT MARIE EMPLOYMENT APPLICATION

Mont Marie is an equal opportunity employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, handicap, ancestry, sexual orientation, or an applicant's marriage to, or association with, an individual of a particular race, religion, national origin, or an individual with a disability.

Proof of authorization to work and of your identity will be required upon employment. Please be aware that Mont Marie requires a Criminal Offender Record Information (CORI) from the Criminal History Systems Board of the Commonwealth of Massachusetts or other states. This investigation is required by the Department of Public Health on prospective and current employees in direct resident care positions to safeguard the residents of Mont Marie. The results of the background check **may** disqualify you from employment.

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

|   |                              |           |
|---|------------------------------|-----------|
| First Name  | Middle Initial               | Last Name |
| Please list any other names you may have worked under:                |                              |           |
| _____   |                              |           |
| Street Address  |                              |           |
| _____   |                              |           |
| City  | State                        | Zip Code  |
| Telephone #   | Cell Phone #                 |           |
| Area Code _____ Number _____  | Area Code _____ Number _____ |           |
| Are you under the age of 18? ___ Yes ___ No                           |                              |           |
| If under the age of 18, can you supply working papers? ___ Yes ___ No |                              |           |
| Have you ever worked at Mont Marie: ___ Yes ___ No                    |                              |           |
| If so, when:  |                              |           |

Have you been suspended, sanctioned or otherwise restricted from participating in any private insurance entity, or federal or state health insurance program (i.e., Medicare, Medicaid, etc.)? \_\_\_ Yes \_\_\_ No  
If yes, explain \_\_\_\_\_

## JOB DATA

|  |                           |                               |
|--|---------------------------|-------------------------------|
| Position Desired:                                  |                           |                               |
| Salary Desired: \$                                 |                           | Minimum Salary Acceptable: \$ |
| Full Time: ___ Yes ___ No                          | Part Time: ___ Yes ___ No | Per Diem ___ Yes ___ No       |
| Shifts Available: ___ Days ___ Evenings ___ Nights |                           |                               |
| Date Available to begin work:                      |                           |                               |

## WORK HISTORY

Please begin with your last or current employer. Account for all employment including military service. You may include any verifiable volunteer experience; however, organization names that indicate race, age, color, religion, religious creed, sex, sexual orientation, national origin, ancestry or handicap may be omitted. Attach additional sheets if needed.

|  |                                       |
|--|---------------------------------------|
| Employer:                                      |                                       |
| Address:                                       | Telephone#: ( ) _____.                |
| Supervisor's Name and Title:                   |                                       |
| Job Title and description of duties:           |                                       |
| Beginning Salary: \$ _____ /week or hour       | Ending Salary: \$ _____ /week or hour |
| Dates of Employment:<br>From: _____ To: _____. | Reason for Leaving:                   |

May we contact your present employer(s)?  Yes  No

|  |                                       |
|--|---------------------------------------|
| Employer:                                      |                                       |
| Address:                                       | Telephone#: ( ) _____.                |
| Supervisor's Name and Title:                   |                                       |
| Job Title and description of duties:           |                                       |
| Beginning Salary: \$ _____ /week or hour       | Ending Salary: \$ _____ /week or hour |
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|  |                                       |
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**EDUCATION**

| School | Name and Address | Dates Attended |    | Degree | Course or Major | Completed |    |
|--------|------------------|----------------|----|--------|-----------------|-----------|----|
|        |                  | From           | To |        |                 | Yes       | No |
|        |                  |                |    |        |                 |           |    |
|        |                  |                |    |        |                 |           |    |
|        |                  |                |    |        |                 |           |    |

|                                   |         |        |                  |
|-----------------------------------|---------|--------|------------------|
| Professional Registration/License | Number: | State: | Expiration Date: |
|-----------------------------------|---------|--------|------------------|

**REFERENCES: List former supervisors or professional references. DO NOT include relatives.**

|       |             |                        |
|-------|-------------|------------------------|
| Name: | Occupation: | Address & Telephone #: |
|       |             |                        |
| Name: | Occupation: | Address & Telephone #: |
|       |             |                        |
| Name: | Occupation: | Address & Telephone #: |
|       |             |                        |

**ADDITIONAL INFORMATION**

List work related skills, knowledge, talents, and/or experience that you possess and any additional comments which you feel would be important: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you learn about employment at Mont Marie?**

Newspaper Ad: \_\_\_\_\_ Employee (please give name of employee) \_\_\_\_\_

Friend or relative \_\_\_\_\_ Other \_\_\_\_\_

**NOTE:** Employees whose employment at Mont Marie is terminated will not receive unemployment based on their employment with the Sisters of St. Joseph of Springfield.

## APPLICANT'S STATEMENT

I certify that the information on this application is accurate, true and complete to the best of my knowledge and subject to verification by appropriate personnel of Mont Marie. I understand the furnishing of any misleading or incorrect information or significant omissions will render this application void and will be sufficient cause for denial of employment or termination in the event of my employment.

I understand that, if employed, I may be assigned to work any schedule (including shift work and weekend work) and at any level.

I understand that I must be capable of performing the essential functions of the position offered. I understand that a pre-employment (bi-annual thereafter) physical and initial 2-step Mantoux or chest x-ray is required of all Health Care Center staff. I also understand that a physical examination may be requested under other circumstances by the employer and agree that the examining physician may disclose to appropriate representatives of Mont Marie the results of such examination.

I hereby give permission to Mont Marie or its duly authorized representative to contact any persons, educational institutions and/or former employers named in this application and to investigate all statements contained in this application. Those persons, educational institutions, and former employers are relieved of any liability in conjunction with providing information about my character, reliability, integrity, educational performance and work performance.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by Mont Marie. I understand and agree that, if hired, my employment will be "at will" in nature and may be terminated with or without cause at any time by either Mont Marie or me. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of Mont Marie.

I acknowledge that if employed, I will be required to show proof of citizenship or other evidence to show that I have an unrestricted right to work in the United States.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

I understand that I am required to abide by all rules and regulations of Mont Marie/Sisters of St. Joseph.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Name (printed) \_\_\_\_\_

*Please do not write below this line*

**RESERVED FOR USE BY MONT MARIE** \_\_\_\_\_

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