

# MONT MARIE EMPLOYMENT APPLICATION

Mont Marie is an equal opportunity employer. We adhere to federal and state laws which prohibit discrimination because of race, age, religion, creed, color, sex, sexual orientation, marital status, ancestry, national origin, disability, or status as a disabled or Vietnam era veteran or being a member of the Reserves or National Guard. It is unlawful in 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.

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.

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

**PERSONAL INFORMATION**

First Name	Middle Initial	Last Name
Other names under which you have worked:		
Complete Address:		
_____		
Street Address	City	State      Zip Code
Telephone # ( ) _____.	Contact Phone # ( ) _____.	Social Security # _____ - ____ - _____.
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:		

Sealed Record Notice: An applicant for employment with a sealed record on file with the Commission of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Have you ever been convicted of a felony in a criminal court?      \_\_\_\_ Yes      \_\_\_\_ No      If yes, please explain fully. . .

\_\_\_\_\_

\_\_\_\_\_

Except for a first conviction for drunkenness, simple assault, speeding, minor traffic violations, an affray, or disturbance of the peace, have you been convicted of a misdemeanor within the past five (5) years?      \_\_\_\_ Yes      \_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

Do you have a valid driver's license?      \_\_\_\_ Yes      \_\_\_\_ No

**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: From: _____ To: _____.	Reason for Leaving:

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: From: _____ To: _____.	Reason for Leaving:

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: From: _____ To: _____.	Reason for Leaving:

**EDUCATION**

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

Professional Registration/License	Number:	State:	Expiration Date:
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**REFERENCES: List former supervisors or others familiar with your work. 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 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 a pre-employment (bi-annual thereafter) physical and 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. 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 of 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.

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

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

*Please do not write below this line*

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

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