



EMPLOYMENT

Neville Center at Fresh Pond, LLC offers Equal Opportunities to all persons without regard to race, religion, age, sex, gender identity, color, national origin, citizenship, marital status, sexual orientation, or disability. No question on this application is intended to secure information to be used for such discrimination. The use of this form does not mean there are positions open and does not obligate us in any manner. Your employment application is held for six (6) months. You must reapply if you wish to be considered for employment beyond this period. Should you require reasonable accommodation to participate in the completion of this application, please notify us at the time of the application or when an appointment to complete the application is made.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
Social Security Number	Today's Date	Date available to start work
Telephone Number (Daytime)	Telephone Number (Evenings)	Message Telephone Number
Mailing Address (Number, Street, Apartment Number)		
City	State	Zip Code
List any other names you have worked under: _____		

Were you previously employed by Neville Center at Fresh Pond or a subsidiary? Yes No

If YES, Date: _____ to: _____

Position: _____

Company/Division: _____

Reason for Leaving: _____

If NO, how were you referred?

Advertisement (specify): _____

Employment Agency (company): _____

Employee Referral (employee name): _____

School: _____

Convention: _____

Direct Mail: _____

Other: (specify) _____

List names and departments of relatives employed by Neville Center at Fresh Pond, LLC and it's subsidiaries. If additional space is needed, please list on another sheet.

Name: _____ Relationship: _____ Department: _____

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Do you have the legal right to remain and work in the United States? Yes No

Are you over the age of 18 yrs.? Yes No If NO, employment is subject to verification that you are of minimum age.

Can you perform the functions of the job for which you are applying with or without reasonable accommodation? Yes No

JOB INTEREST

Position(s) for which you are applying:

1. _____

2. _____

Check preferred work schedule:

Full-time On Call Per Diem

Part-time Temporary

NEVILLE CENTER AT FRESH POND IS AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____

EDUCATION INFORMATION

If your school records are under a different name(s), please list those: _____

Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree

Please list any job-related professional, trade, business or civic activities, organizations, fellowships and associations in which you participate or of which you are a member (Omit those that indicate race, religion, political affiliations, national origin, gender, ancestry, age or disability):

LICENSURE FOR PROFESSIONAL POSITION

Are you now licensed or certified in your profession/occupation? Yes No In which state(s)? _____

If not licensed in this state, have you applied? Yes No

Professional License, certificate or registration number: _____ Expiration Date: _____

Other Licensure/Certifications: _____ Expiration Date: _____

Has your professional license or certification ever been investigated? Yes No

If YES, please explain: _____

Has your professional license or certification ever been restricted, limited or suspended? Yes No

If YES, please explain: _____

Are you currently involved in any proceeding that could affect your license or certification? Yes No

If YES, please explain: _____

EMPLOYMENT HISTORY

THE FOLLOWING SECTION MUST BE COMPLETED, EVEN IF ACCOMPANIED BY A RESUMÉ. Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10 years). Give correct address and telephone numbers. Include volunteer experience. If additional space is needed, please list on another sheet of paper.

1. Name of current/most recent employer: _____

Employer's Address (number/street)	City	State	Zip
Dates employed: From _____ To _____	Title (starting): _____	Title (final): _____	
Job duties: _____	Starting salary: \$ _____	Ending Salary: \$ _____	
_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving: _____	Telephone number: _____		
_____	Supervisor's Name/Title: _____		

2. Name of employer: _____

Employer's Address (number/street)	City	State	Zip
Dates employed: From _____ To _____	Title (starting): _____	Title (final): _____	
Job duties: _____	Starting salary: \$ _____	Ending Salary: \$ _____	
_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving: _____	Telephone number: _____		
_____	Supervisor's Name/Title: _____		

3. Name of employer: _____

Employer's Address (number/street)	City	State	Zip
Dates employed: From _____ To _____	Title (starting): _____	Title (final): _____	
Job duties: _____	Starting salary: \$ _____	Ending Salary: \$ _____	
_____	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
_____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for leaving: _____	Telephone number: _____		
_____	Supervisor's Name/Title: _____		



PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM BELOW

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I hereby certify that I, the undersigned applicant, have personally completed this application, or have noted the name of the individual assisting me in the completion of this application.

I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment, shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby consent and authorize Neville Center at Fresh Pond, LLC and its subsidiaries to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to Neville Center at Fresh Pond and its subsidiaries any and all letters, reports and other information related to my work records without giving me prior notice of such disclosures. In addition, I hereby release Neville Center at Fresh Pond, LLC and its subsidiaries, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising, or that may arise, out of, or in any way related to, such investigation or disclosure.

I acknowledge and agree that this application will be considered by Neville Center at Fresh Pond, LLC and its subsidiaries for no longer than six (6) months from the date it was made. I understand that nothing contained in the application or conveyed during an interview which may be granted, is intended to create an employment contract between myself and Neville Center at Fresh Pond, LLC and its subsidiaries. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated any time, with or without prior notice, and for any or no reason, at the option of either myself or Neville Center at Fresh Pond, LLC or its subsidiaries, and that promises or representations contrary to the foregoing, or given at any time in the future, are not binding. If employed, I will comply with all rules, regulations, instructions, policies and procedures.

I understand that such rules, regulations, policies and procedures do not constitute a contract of employment and are subject to change at any time without advance notice.

I understand it is the policy of Neville Center at Fresh Pond, LLC and its subsidiaries to comply with the Drug-Free Workplace Act of 1988.

I understand that some states in which Neville Center at Fresh Pond, LLC and its subsidiaries conduct business require healthcare professionals to undergo a job-related physical. I agree to undergo a post-offer/pre-employment physical if employed in a state with such a requirement.

APPLICANT'S SIGNATURE

DATE

If the application has been completed by an individual other than the above applicant, please print name below: