



APPLICATION FOR EMPLOYMENT

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| <input type="checkbox"/> Health Concepts, Ltd.
359 Broad Street, Providence, RI 02907 | <input type="checkbox"/> Westerly Health Center
280 High Street, Westerly, RI 02891 |
| <input type="checkbox"/> Riverview Healthcare
546 Main Street, Coventry, RI 02816 | <input type="checkbox"/> Bayberry Commons
181 Davis Drive, Pascoag, RI 02859 |
| <input type="checkbox"/> Village House
70 Harrison Avenue, Newport, RI 02840 | <input type="checkbox"/> West Shore Health Center
109 West Shore Road, Warwick, RI 02889 |
| <input type="checkbox"/> Elmwood Health Center
225 Elmwood Avenue, Providence, RI 02907 | <input type="checkbox"/> S. Kingstown Nursing & Rehab
2115 S. County Trail, PO Box 307
West Kingston, RI 02892 |
| <input type="checkbox"/> Morgan Health Center
80 Morgan Avenue, Johnston, RI 02919 | <input type="checkbox"/> Pine Grove Health Center
999 S. Main Street, Pascoag, RI 02859 |
| | <input type="checkbox"/> Woodpecker Hill
2052 Plainfield Pike, Greene, RI 02827 |

An Equal Opportunity Employer

*Our facilities are subject to the provisions of Chapters 29-38
of the Rhode Island Workers' Compensation Law.*

Application for Employment

PLEASE READ CAREFULLY -- ANSWER ALL QUESTIONS -- PRINT CLEARLY IN INK

PERSONAL

Last Name	First Name	Middle Initial	Social Security Number
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Home Address	Street	Apt.	City	State	Zip
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Home Phone	Message Phone	In case of emergency, Notify: (Name, Address, Telephone)
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Are you either a US citizen or an alien who is authorized to Work in the US? YES___ NO___

If you answered yes, you must complete the I-9 Form required by the US Immigration & Naturalization Services no later than three (3) business days after your date of hire.

Have you ever been convicted of a felony, or within the last five (5) years of a misdemeanor? Yes___ No___

(A conviction will not necessarily disqualify you from the job for which you are applying.) If yes, list below:

Offense(s)	Date	Place	Disposition
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An application for employment with a sealed record on file with the commissioner of probation may answer "No Record" with respect to an inquiry herein relative to prior convictions. In addition, any applicant for employment may answer "No Record" with respect to any inquiry relative to convictions in all cases of delinquency or a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

Have you ever served in the US Armed Forces? Yes___ No___

Have you previously been employed by Health Concepts, Ltd. (Laurel, Riverview, Village House, Elmwood, Morgan, Westerly, South Kingstown, West Shore or Bayberry)? Yes___ No___ If yes, Location:_____ Dates:_____

How did you learn of this job opening?

JOB INTEREST

Position(s) Desired:	First Choice	Second Choice	Date Available	Salary Desired
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Work Hours/ Shift Preferred:	Full Time Yes___ No___	Part Time Yes___ No___	Days Yes___ No___	Evenings Yes___ No___	Nights Yes___ No___	Weekends Yes___ No___
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EDUCATIONAL RECORD

	Grade School/High School	College/Graduate School
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Circle Highest Grade Completed:	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6
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Schools Attended:	Name	City/Town	Major Field
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Last High School

Last College/University/Nursing Schools

Graduate School

Technical or Vocational School

List courses in which you are currently enrolled:

PROFESSIONAL LICENSURE/CERTIFICATION(S)

Type	State Issued	Date Issued	Expires On	Number
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Please list related organizations, clubs, professional societies, or other associations to which you belong (you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, age marital status, sexual orientation, disability, or any other characteristic protected by applicable state and federal laws):

WORK EXPERIENCE

May we contact your present employer? _____

What other names have you worked under? _____

List your last/present employer first (including volunteer experience) and account for any lapse of time between employment.

Employer	Employed from:	To:
Street Address	City	State Phone
Position Title	Salary:	Starting Final
Supervisor's Name & Title	Person(s) We May Contact	
Briefly describe your duties	Reason for Leaving	

Employer	Employed from:	To:
Street Address	City	State Phone
Position Title	Salary:	Starting Final
Supervisor's Name & Title	Person(s) We May Contact	
Briefly describe your duties	Reason for Leaving	

Employer	Employed from:	To:
Street Address	City	State Phone
Position Title	Salary:	Starting Final
Supervisor's Name & Title	Person(s) We May Contact	
Briefly describe your duties	Reason for Leaving	

REFERENCES

Please list the names of three (3) people that we may contact (other than past employers and family members):

Name	Address	How Known/Years Known	Phone #
1)			
2)			
3)			

Health Concepts, Ltd. and its facilities are committed to the provision of equal employment opportunities to its applicants regardless of race, age, sex, religion, native origin, disability, color, religion, creed, liability for service in the armed forces of the United States, citizenship or any other characteristic protected by applicable State or Federal laws.

Please Read the Following Carefully Before Signing This Application Form:

I understand that if hired my employment will be on a 90-day introductory basis, and that as long as I am employed by a Health Concepts, Ltd. facility, my employment may be terminated, with or without cause or notice, at any time, at my option or that of the facility. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time that is contrary to the foregoing.

I give Health Concepts, Ltd. and/or its facilities permission to contact any or all of my previous employers and references and authorize them to provide all information requested of them by the facility. I authorize Health Concepts, Ltd. and/or its facilities to obtain, use and rely upon that information in relation to my application and release Health Concepts, Ltd. and/or its facilities and all providers of such information from all liability in connection with the use of such information. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission may disqualify me for further consideration for employment or result in my discharge from employment. If employed by Health Concepts, Ltd. and/or its facilities, I will abide by its rules and regulations which I understand are subject to change by Health Concepts, Ltd. and/or its facilities.

If hired, I understand that commencement of employment is conditioned upon successful completion of a physical exam and employee orientation.

Signature

Date

For Office Use Only

Start Date: _____

Department: _____

Position: _____

Rate of pay: _____

Status:(F/T, P/T, Perdiem) _____

Supervisor Signature: _____