

I UNDERSTAND:

That an investigative consumer report may be obtained from a consumer reporting agency for the purpose of evaluating me for employment. This report will include reference checks and may contain information bearing on my character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with my neighbors, friends or associates.

There will be a criminal check covering the last seven (7) years to determine whether there are any convictions which would preclude me from working with residents or clients of a health care component. I also understand that my name will be entered into the OIG (Office of Inspector General) List of Excluded Individuals/Entities and the EPLS (Excluded Parties List System) to verify that I am not excluded from participating in any Federal health care program and as required by Massachusetts my name will be entered into the Massachusetts New Hire Reporting System.

That as a condition of my employment with Edgewood Retirement Community, I must and will adhere to Edgewood's Drug-Free Work Place Program. I understand the use of illegal drugs is prohibited during employment. If the employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

That giving false or misleading information on this form, or in an interview, is grounds for denial or immediate termination of employment.

That after a conditional offer I may be required to be examined by a medical professional designated by Edgewood.

That if I sustain any injury or illness while in the employment of Edgewood, I agree that Edgewood shall be entitled to receive full and complete reports and records covering any medial related examinations, and I authorize any and all doctors, medical examiners, and hospitals to give Edgewood full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from the alleged illness or injury.

That this employment application and any other employee-related documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by Edgewood at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Authorization to Release Information:

By signing below, I certify that I have not been convicted of an offense that would preclude working in a nursing facility. I also certify that I am not excluded from participation on federal health care programs. Furthermore, I understand that I will be subject to a search of the OIG List of Excluded Individuals and the EPLS Excluded Parties List System, and that a comprehensive criminal background screening will be completed by a third party organization acting on behalf of Edgewood Retirement Community, Inc. If the findings of that background screening result in a refusal to hire, I will be notified in writing and may request a copy of the findings from the third party organization.

If I am given a conditional offer, I authorize Edgewood to make a complete investigation of me, including but not limited to, consumer reports, my past employment history, scholastic records, criminal activity, motor vehicle driving records, and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing the information. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

Signature of Applicant

Date

I was referred to Edgewood by: _____

Revised 02/17.

EDGEWOOD RETIREMENT COMMUNITY

575 Osgood Street
North Andover, MA 01845

If you need help to fill out this application form or for any phase of the employment process, please notify the Receptionist and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete both pages of this application. If more space is needed to complete any questions, use the back side of the application. Print clearly; illegible applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, veteran status, or national origin.

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 and civil liability.

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|---|----------|---|-------------------|----------------------------|--------------------|
| Last Name | | First | Middle | Are you 18 years or older? | |
| Street Address | | Can you provide proof of eligibility to work in the U.S.? | | | |
| City, Town and State | | Zip Code | Telephone Numbers | | |
| Position you are applying for | | Date available | Email Address | | |
| Is full-time or part-time employment desired? | | Shift/hours available to work | | | |
| Relatives or friends employed by us? | | Position | Relationship | | |
| Have you ever been employed by us? | | Dates | Position | | |
| High School | Location | Did you graduate? | Major Subject | | |
| College | Location | Did you graduate? | Major Subject | | |
| Trade School | Location | Did you graduate? | Major Subject | | |
| List employment starting with your most recent job going back 7 years. | | | | | |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| May we contact your present employer? _____ | | | | | |

| | | | | | |
|-----------------|-------|------------------|-------------------|----------|--------------------|
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |
| Employer | | From | To | | |
| Address | | Telephone Number | | Position | |
| City | State | Zip Code | Supervisor's Name | | Reason for leaving |

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