

Application for Employment



INTEGRA HOME HEALTH AGENCY, LLC

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application _____ / _____ / _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Shift Desired: Days _____ Evening _____ Nights _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (_____) _____ If necessary, best time to call you at home is _____ : _____ pm

May we contact you at work? Yes No
am

If yes, work number and best time to call.....(_____) _____ : _____ pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application with Integra Health before? Yes No

If yes, give date..... _____ / _____ / _____

Have you ever been employed by Integra Health, Ellington Assisted Living Services, Watertown Assisted Living Services, Magnolia Management, The Arbors Kids, or at any Arbors or Ivy Community before? Yes No

If yes, give dates..... From _____ / _____ / _____ To _____ / _____ / _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... _____ / _____ / _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are there any days or hours you are not available to work? Yes No
If yes, write specifics. _____

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Answer the following question ONLY IF you reside or are applying for a position in Massachusetts:

Have you been convicted of a felony? Yes No
If yes, please explain.* _____

* An applicant for employment in Massachusetts with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment in Massachusetts 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. An applicant for employment in Massachusetts with a record expunged pursuant to section 100F, Section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment in Massachusetts with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer "no record" to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions. Integra Home Health Agency requires a Criminal Offense Record Inquiry (CORI check) on all prospective employees for certain positions. Where required, this check will be performed regardless of criminal history information provided above. Unless otherwise provided by law, a conviction will not necessarily disqualify an applicant from employment.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or verifiable work performed on a volunteer basis, starting with the most recent, including military experience. Explain any gaps in employment, other than due to personal illness, injury or disability, in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

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		From	To	
Address				
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				

Comments (including explanation of any gaps in employment, other than due to personal illness, injury or disability)

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and Minor field study (if applicable.)

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider.

Massachusetts applicants. 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.

READ CAREFULLY BEFORE SIGNING:

- 1) I understand that this application is intended for use in evaluating my qualifications for employment and that the receipt of this application does not imply that I will be employed.
- 2) I certify that all statements and information furnished by me in order to apply for and secure work with Integra Home Health Agency, LLC are true, complete, and correct. I understand and agree that incomplete, false, misrepresented or materially inaccurate information provided by me will be cause for disqualification for employment or dismissal at any time after employment.
- 3) I give Integra Home Health Agency the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Integra Home Health Agency and its employees, agents, and representatives for seeking such information and all other persons, agencies, corporations or organizations for furnishing or disclosing such information.
- 4) Integra Home Health Agency is an Equal Opportunity Employer. Integra Home Health Agency does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- 5) This application is current for only 60 days. At the conclusion of this time, if I have not heard from Integra Home Health Agency and still wish to be considered for employment, it will be necessary to fill out a new application.
- 6) I understand that all employees of Integra Home Health Agency are employees at will. If hired, I will be free to resign at any time. Likewise, Integra Home Health Agency will have and reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no supervisor or representative of Integra Home Health Agency has the authority to make any assurance to the contrary. Neither this application, the Employee Handbook, or any other documents given to employees is intended to create, nor should such documents be construed as creating, an express or implied contract.
- 7) I understand it is Integra Home Health Agency's policy not to refuse to hire a qualified individual with a disability because of such person's need for an accommodation that would be required by the ADA.

Integra Home Health Agency is a Non-Smoking Facility

My signature certifies that I have read and agree with the above statements and all statements contained in this Application for Employment.

Signature of Applicant _____

Date: ____/____/____

Integra Home Health Agency, LLC
200 North Main Street, Suite 1203 East Longmeadow, MA 01028
Phone: (413) 224-1912 Fax: (413) 224-1915

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We Consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filled separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date ____/____/____

Referral Source

- Walk-in Government Employment Agency Private Employment Agency
- Employee Relative School
- Advertisement – Source _____ Other _____

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ (____) _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White Black (not of Hispanic origin) Hispanic
- American Indian/Alaskan Native Asian/Pacific Islander

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1947 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability