

# Application for Employment

## Nevins family of Services

Date: \_\_\_\_\_

Nevins is an equal opportunity employer. Federal and State laws prohibit discrimination in employment practices based on race, color, religion, sex, age, handicap, disability, or national origin. No question on this employment application is asked for the purpose of limiting consideration for employment because of his/her race, color, religion, sex, age, handicap, disability or national origin.

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

2. Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Name and number of person to be notified in case of emergency \_\_\_\_\_  
\_\_\_\_\_

5. Are you or have you ever been known by another name on any employment or education records?  Yes  No  
If yes, by what name? \_\_\_\_\_

6. Are you a United States Citizen?  Yes  No  
If no, do you have legal rights to work in the United States?  Yes  No  
Please give Alien Registration Number: # \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_

8. How did you hear about Nevins? \_\_\_\_\_

9. Position applied for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
Shift Desired: \_\_\_\_\_ Hours per week desired: \_\_\_\_\_  
Are there any hours/days you cannot work? \_\_\_\_\_

10. If hired, when would you be available to report to work? \_\_\_\_\_  
\_\_\_\_\_

### 11. TRAINING AND EDUCATION:

School	City, State	Year Completed	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Registration/License/Certificate Number, State, original date of issue and expiration date:  
\_\_\_\_\_

13. Work Experience: list last 5 sites starting with the recent. Any work performed on a volunteer basis may be included (please indicate)

Date From-To	Name/Address Phone #	Salary	Position Held Supervisor	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. REFERENCES:

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone	Business	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the schools, employers, and individuals listed above to release any information regarding my previous employment, character, general reputation and personal characteristics.

Yes  No

Signature: \_\_\_\_\_

I certify that the statements that I have made in this application are true and hereby grant the Nevins Corporations permission to verify the accuracy and completeness of this information and to investigate all references and educational records. I understand employment is dependent upon passing a pre-employment Physical and Mantoux (TB) text. I understand that any false or misleading statements made by me on this application or in connection with my physical examination will be sufficient cause for the rejection of this application or for immediate dismissal if such false or misleading information is discovered after my employment has started. If I am accepted for employment, I agree to abide by the rules and regulations of Nevins Corporation.

THANK YOU FOR YOUR INTEREST IN NEVINS

Please do not write below this line

---

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

---

Hired	Department	Position	Start Date	Salary
-------	------------	----------	------------	--------

---

Licences:

Nurses or CNA's \_\_\_\_\_ Driver's \_\_\_\_\_ Expiration Date \_\_\_\_\_

**HENRY C. NEVINS CORPORATIONS**  
**C.O.R.I ACKNOWLEDGEMENT**

The Henry C. Nevins Corporations, consisting of The Nevins Nursing & Rehabilitation Centre, the Adult Day Health Centers, The Alzheimer Family Care Center, Trans Care and the Nevins Manor, Inc., have been authorized to perform Criminal Offender Record Information (C.O.R.I) checks on applicants for employment. This is requested only for the purpose of verifying information concerning criminal records. Conviction of a crime does not automatically prevent an applicant from being considered for employment. All circumstances will be considered in making a decision on applications.

Please check one of the following:

- I understand that, in order to afford the highest level of service delivery, the Henry C. Nevins Corporations seeks to determine that all of its employees are of the highest integrity. I hereby acknowledge that if I am selected for employment, the Henry C. Nevins Corporations will conduct a Criminal Offender Record Information (C.O.R.I) check.
  
- I do not wish to be considered for employment because I do not want a C.O.R.I check conducted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date