



# South Cove Manor at Quincy Point

288 Washington Street

Quincy, MA 02118

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[www.southcovemanor.org](http://www.southcovemanor.org)

## Employment Application

<b>Applicant Information</b>		
<b>First Name:</b>	<b>M.I.</b>	<b>Last Name:</b>
<b>Address:</b>		<b>Apt./Unit #</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone: (    )</b>		<b>Mobile: (    )</b>
<b>Email Address:</b>		
If your records may be under a name other than indicated above, please specify:		
<b>Position Desired:</b>		<b>Hours Desired:</b>
How did you hear about this position?		<input type="checkbox"/> SCM Website <input type="checkbox"/> Indeed <input type="checkbox"/> Monster <input type="checkbox"/> Recruitology <input type="checkbox"/> Sampan <input type="checkbox"/> World Journal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Referred by friend – name: _____
Do you authorize your doctor to release results of your pre-employment and subsequent medical examinations and to discuss those results with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Physical Exam:	Family Doctor:
Please describe any factors that would limit or impair your ability to perform the functions of the job you are applying for?		
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If not, do you have the legal right to remain permanently in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Employment History</b>		
<b>Current Employer:</b>		<b>Phone: (    )</b>
<b>Address:</b>		
<b>Job Title:</b>	<b>Supervisor:</b>	<b>Start Date:</b>
<b>Responsibilities:</b>		<b>Reason for desiring change?</b>
May we contact your current or previous supervisor(s) for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Former Employer:</b>		<b>Supervisor:</b>
<b>Address:</b>		
<b>Job Title:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Responsibilities:</b>		
<b>Reason for Leaving</b>		

We are an equal opportunity employer. No questions on this application are asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap, disability, or national origin.

Education						
Name and Location of Schools/Colleges	Major Subject	Did you graduate?		Type of Degree	Period of Attendance	
		Yes	No		From	To
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
Please specify if you have received any specialization training or experience not shown above				<b>Licensed Nurse Only</b> Mass. Reg. No # _____ Date Granted: _____		
If you are applying for CNA position, are you currently certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where was the certification completed?		Last Renewal:		Expiration Date:	
Professional Work References (Not Relatives)						
Name	Address		Phone		Business	
Emergency Contact						
Full Name:			Relationship:			
Address:			Home Phone:		Mobile Phone:	
Disclaimer and Signature						
I certify that the statements I have made in this application are true and hereby grant the employer permission to verify the accuracy and completeness of this information and to investigate all references and educational records. I understand that any false or misleading statements made by me on this application in conjunction 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. By signing this application, I am authorizing the release of any information regarding my previous employment, character or general reputation. If I am accepted for employment, I agree to abide by the rules and regulations of the employer.						
Signature:			Date:			

(APPLICANT, PLEASE DO NOT WRITE IN THE SPACE BELOW)

Interviewed By:	Date:	Reference Check
Date to Begin Work:	Dept:	Employer:
Position:	<input type="checkbox"/> Temp <input type="checkbox"/> Permanent	
Starting Salary/Wage:	Personal:	
Remarks:	Completed by:	
Exit Interview		
<b>REASON FOR LEAVING: (CIRCLE ONE)</b>	<b>RESIGNED</b>	<b>RELEASED</b>
		<b>ON LEAVE</b>
Rate the following subject matters as : Excellent, Good, Average, Fair or Poor		
Ability As:	Personality:	
Ability to work in a group:	Initiative Leadership:	
Cooperation with others:	Stability, Dependability, Punctuality	
Intelligence, ability to grasp ideas:	Character, Integrity, Honesty:	
Personal Appearance:	Additional Comments:	
Interviewed By:	Date:	