HallKeen Assisted Living LLC.

1400 Providence Highway Suite 100 Norwood, MA. 02062 781-762-4800

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, creed, religion, national origin, ancestry, citizenship, gender, age, marital or veteran status, sexual orientation, gender identity, disability, genetic information, or any other legally protected classification.

Applicants with a disability may be entitled to a reasonable accommodation under applicable law. Please inform our Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

PERSONAL INFORMATION

Full Name					Date	
	Last		First	Middle		
Address						
	Number	Street	Apt	City	State	Zip Code
Telephone ())			Social Secur	ity	
	Home		Cell			
Position Desire	ed	Salary	Desired	Date Availa	ble	
Are you current	ly employed	?	May we con	ntact your present	employer?	
Have you filed	an applicat:	ion and/or be	een employed	here before? Yes_	No	
If yes to eithe	er question,	please give	dates.			
				es working for the		
How were you re	eferred to the	nis Company?				
	will be require	d to furnish pr	oof of lawful w	ced States? Yes_ work status if you are form and Control Act of	extended a job	
Will you work o	overtime? Yes	5 No				
If hired, will	you have tra	ansportation	to/from wor	c? Yes	No	
-	-			the position for No	-	applying
positions requi	ire the lift:	ing and/or mo	oving of heav	osition, please be ry equipment & app nd appliances? Yes	liances. Are	

Are you over the age of 18? Yes______ No _____ List below your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. You may include as part of your employment history any verified work performed on a volunteer basis. Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment in this section.

Employer	Telephone
Address	Employed From To
Name of Supervisor/Title	
Summarize work performed and job responsibilities:	
Reason for leaving:	
Employer	_ Telephone
Address	_ Employed FromTo
Name of Supervisor/Title	_
Summarize work performed and job responsibilities:	
Reason for leaving:	
Employer	Telephone
Address	
Name of Supervisor/Title	
Summarize work performed and job responsibilities:	
Reason for leaving:	
COMMENTS:	

May we contact your present employer at this time? Yes ____ No ____

EDUCATION

Schools	Name & Address of School, and Telephone Number	Did You Graduate?	Course of Study
Graduate			
College			
Business/Trade Of Technical			
High School			

Membership in Professional or Civic organizations, which you consider relevant to your ability to perform the job. (Exclude those which may disclose your race, color, religion or national origin.)

Please indicate any foreign languages you can speak, read or write, and also include your level of skill._____

REFERENCES

Please list of the name & telephone number of three references who are not related to you.

Name	Telephone	Occupation	Years Known

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

PRE-EMPLOYMENT STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize HallKeen to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize HallKeen to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release HallKeen and all affiliated persons and entities, as well as any person or institution that provides HallKeen with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of HallKeen or me. I further understand that no representative or agent of HallKeen, other than HallKeen's Vice President of Human Resources, is authorized to provide any employee or employees with an employment contract or special arrangement concerning terms or condition of employment and that any such agreement must be in writing and signed by HallKeen's Vice President of Human Resources. In addition, I understand that HallKeen and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of HallKeen's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for HallKeen to conduct its lawful preemployment checks.

Signature of Applicant

Date

FOR PERSON	NNEL DEPARTMENT US	SE ONLY
Interviewed by		Date
Hired YesNo	Date of Employment_	
Hourly Rate/Salary	Job Title	Department
Remarks:		