

Join us in our  
Mission of Compassion



The D'Youville Campus  
is a Smoke Free  
Environment

### APPLICATION FOR EMPLOYMENT

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

Name: \_\_\_\_\_  
Last First M.I. Maiden

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a U.S Citizen? ☐ Yes ☐ No If no, do you have a valid work permit? ☐ Yes ☐ No

Are you under the age of 18? ☐ Yes ☐ No

Have you ever filed an application here before? ☐ Yes ☐ No If yes, Date: \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No If yes, Date(s) & position: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No If yes, branch of service: \_\_\_\_\_

### POSITIONS APPLIED FOR:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Referral Source: ☐ Newspaper ☐ Friend ☐ Relative ☐ School ☐ Internet (Site) \_\_\_\_\_

☐ Employee (Name) \_\_\_\_\_ ☐ Walk-In Other (Please specify) \_\_\_\_\_

Employment Desired: ☐ Full Time ☐ Part Time ☐ Per Diem

Shift Desired: ☐ Days ☐ Evenings ☐ Nights ☐ Weekends

If required, would you be willing to work? ☐ Nights ☐ Weekends only ☐ Rotating Weekends

If hired, when would you be available to begin work? \_\_\_\_\_

Did someone complete or assist you with this application? ☐ Yes ☐ No

If so, who did complete or assist you with this application? \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. Any verifiable work performed on a volunteer basis may be included.

Employer Name:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone Number:	Job Title		
Reason for leaving:			
List other jobs you held, work performed and advancements or promotions:			

Employer Name:	Name of last supervisor	Employment dates	Pay or salary
Address:		From	Start
City, State, Zip Code:		To	Final
Phone Number:	Job Title		
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List other jobs you held, work performed and advancements or promotions:			

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Phone Number:	Job Title		
Reason for leaving:			
List other jobs you held, work performed and advancements or promotions:			

**PROFESSIONAL REGISTRATIONS/LICENSES/CERTIFICATES**

RN/LPN License                      Number \_\_\_\_\_ Expiration \_\_\_\_\_ State \_\_\_\_\_  
CNA Certificate                      Number \_\_\_\_\_ Expiration \_\_\_\_\_ State \_\_\_\_\_  
Other \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_ State \_\_\_\_\_

If applicable, please indicate preferred type of nursing unit.

☐ Long Term Care                      ☐ Short Term Rehab                      ☐ Alz./Dementia                      ☐ No Preference

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE/DIPLOMA
High School				
College				
Graduate School				
Bus. Or Trade School				
Professional School				

**OTHER SPECIAL SKILLS**

Please list other skills you may have for the position for which you are applying (examples: computer skills, fluency in other languages, special training, office skills, etc):

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**REFERENCES**

Please list two references other than relatives or previous employers.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Years Known: \_\_\_\_\_

## WAIVERS AND DISCLOSURES

*Please read each section carefully and sign where indicated*

It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by D'Youville Life and Wellness Community. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by D'Youville Life and Wellness Community.

I certify that the information on this application is true, complete and correct. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

To insure the safety of our Residents and employees and in compliance with Massachusetts' Law, it is the policy of D'Youville Life and Wellness Community to apply for Criminal Offender Record Information (CORI) checks on all applicants. Continued employment is pending on the information returned from the Commonwealth of Massachusetts CORI investigation. In addition, I give D'Youville Life and Wellness Community the right to contact and obtain information from all references, employers, and education institutions and to otherwise verify the accuracy of the information contained in this application.

I understand it is D'Youville Life and Wellness Community's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Under Massachusetts Law, it is unlawful 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Applicants for employment are considered without regard to race, religion, color, national origin, age, sex, disability, sexual orientation, or veteran's status*



**Thank you for your interest in D'Youville Life and Wellness Community**

981 Varnum Avenue

Lowell, MA 01854

Fax. 978-459-7002

You may apply online at [jobs@dyouville.org](mailto:jobs@dyouville.org)