



APPLICATION FOR EMPLOYMENT

The Masonic Charity Foundation is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Human Resource Department.

Please indicate which organization you are applying to: Masonic Home of New Jersey Masonic Hospice Services

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

Social Security Number _____ Date _____

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

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

Have you ever been convicted* of a crime including a misdemeanor? (Conviction includes a finding of guilty by a trial judge or jury, a plea of guilty and/or a plea of no contest.) Or have you been excluded from participation in Federal health care programs? Yes No

If yes, please explain: _____

*A conviction record will not be an absolute bar to employment. The circumstances of each case will be considered in making employment decisions.

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

Position(s) Applying for _____ Full Time Part Time No preference

_____ Full Time Part Time No preference

Number of hours available weekly _____ Shift desired: _____ No shift preference

I am NOT available to work the following days and/or times: _____

Date available to begin work _____ Salary Desired _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Have you ever been employed by the Masonic Home or Masonic Hospice Services? Yes No If yes, when? _____

Position and/or Department _____

Reason for leaving _____

EMPLOYMENT

Beginning with your **PRESENT OR MOST RECENT** employment, list ALL positions held. Clearly describe the work (duties) you personally performed. **You must fill out this application completely even if a resume is being attached.**

Present or Most Recent Employer		Job Title	Salary or Wage	
Address			Dates Employed	
City/State/Zip			From:	To:
Telephone Number	Name of Supervisor	Reason for Leaving		
Job Duties:				

Employer		Job Title	Salary or Wage	
Address			Dates Employed	
City/State/Zip			From:	To:
Telephone Number	Name of Supervisor	Reason for Leaving		
Job Duties:				

Employer		Job Title	Salary or Wage	
Address			Dates Employed	
City/State/Zip			From:	To:
Telephone Number	Name of Supervisor	Reason for Leaving		
Job Duties:				

Employer		Job Title	Salary or Wage	
Address			Dates Employed	
City/State/Zip			From:	To:
Telephone Number	Name of Supervisor	Reason for Leaving		
Job Duties:				

EDUCATION

School	Name & Address	Course of Study	Grade Completed	Degree
COLLEGE				
HIGH SCHOOL				
Describe specialized training, skills and/or licenses or certifications:				
List health care, business or industrial equipment operated:				
Have you been a CNA in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what state? _____ Have you been a CHHA in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what state? _____				

REFERENCES

Give the names of three (3) references and phone numbers. **DO NOT LIST RELATIVES.**

Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known

APPLICANT'S STATEMENT

I understand that the Masonic Charity Foundation follows an employment-at-will policy, in that the employer or I may terminate any employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States and I must show the employer documents that will provide this if I am offered the job.

I understand that the Masonic Charity Foundation will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interview. I authorize all individuals, schools and firms named within to provide any information requested about me and I release them from all liability for damages in providing this information.

I understand that I am required to abide by all rules and regulations of the Masonic Charity Foundation and agree to take a post-offer physical examination including a Mantoux (TB) test or chest x-ray as required and a drug test.

I certify that I have not been convicted of an offense that would preclude employment in a nursing facility, I am not excluded, debarred or suspended from participation in any Federally-funded health care program, including but not limited to Medicare and Medicaid, and I am not proposed for debarment, suspension or exclusion from participation in any such program.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for disqual or refusal of employment.

Applicant's Signature

Date

EMPLOYER USE ONLY

TO BE COMPLETED BY DEPARTMENT HEAD:

Position _____ Dept _____ Budget Code _____
Salary _____ Hrs per week _____ Access Level _____
Shift _____ Status: FT PTA PTB OC
New Position No Yes Req # _____ Replacing _____

Department Head/Hospice Administrator or Supervisor Signature Date

HUMAN RESOURCE/HOSPICE USE ONLY

Date of Job Offer _____ Start Date _____ PIN # _____
Drug Test _____ Physical _____ X-Ray (if applicable) _____
1st Mantoux _____ 2nd Mantoux _____ Other _____
Rubella _____ Rubella _____ Other _____

Comments: _____

Approved to Hire:

Human Resource Director Approval Date

Administrator/Associate Administrator Approval Date