



**ORIOLE HEALTH CARE**  
*Our family taking care of yours*

**INSTRUCTIONS FOR FILLING OUT APPLICATION & ATTACHED PAPERS**

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**NAME** **DATE** **POSITION APPLIED FOR**

**PLEASE NOTE: ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON COMPLETING A CORI (Criminal Background Check), PRE-EMPLOYMENT PHYSICAL AND REFERENCES.**

1. Please fill out the **entire application**, even if you have a resume
2. Please put a check in the box of the facility(s) you would like to apply to
3. Please check off the box for the correct referral source
4. Put complete phone numbers and addresses including the street, city, state and zip code
5. If applying for a Nursing/C N A position, please present your license for photo copying.
6. Please read, sign and date the Reference Request Form.
7. Completing the Affirmative Action Voluntary Information Form is optional.

- Holden Rehabilitation & Skilled Nursing Center  
32 Mayo Drive, Holden, MA
- Wachusett Extended Care Facility  
56 Boyden Rd. Holden, MA
- Oakdale Rehabilitaiton & Skilled Nursing Center  
76 North Main Street, West Boylston, MA
- Oriol Therapy Services  
54 Boyden Rd., Holden, MA 01520
- Oriol Health Care  
54 Boyden Rd., Holden, MA 01520

**For Nursing Department Applicants only:**

Please indicate the shift you would prefer. If you would consider more than one, please indicate in order of preference.

- 7:00 am – 3:00 pm \_\_\_\_\_
- 3:00 pm – 11:00 pm \_\_\_\_\_
- 11:00 pm – 7:00 am \_\_\_\_\_

**Oriol Health Care, 54 Boyden Rd., Holden, MA 01520 508-829-5555**

# Application for Employment

Applications for employment are considered without regard to race, color, religion, sex, protected sexual orientation, marital status, veteran's status, national origin, ancestry, age or handicap. Also it is unlawful in Massachusetts 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.

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**PLEASE PRINT**

Date of Application \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:

Newspaper Ad  Walk-In  OHC Website  Worcester Works/Monster  Friend (name) \_\_\_\_\_

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NAME: \_\_\_\_\_  
Last First Middle

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

E-MAIL ADDRESS \_\_\_\_\_  
(optional, we may contact you via email regarding the status of your application)

TELEPHONE (\_\_\_\_) \_\_\_\_\_  Home  Cellular

ALTERNATE TELEPHONE (\_\_\_\_) \_\_\_\_\_  Home  Cellular

ARE YOU UNDER 18?  YES  NO

IF EMPLOYED AND YOU ARE UNDER 18,  
CAN YOU FURNISH A WORK PERMIT?  YES  NO

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE?  YES  NO  
IF YES, PROVIDE DATE \_\_\_\_\_

HAVE YOU BEEN EMPLOYED BY ORIOL HEALTH CARE BEFORE:  YES  NO  
IF YES, PROVIDE DATES OF EMPLOYMENT \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO  
ACCORDING TO FEDERAL LAW, WORK AUTHORIZATION DOCUMENTATION WILL BE REQUIRED UPON EMPLOYMENT.

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ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK (please check all the apply)  
 FULL TIME  PART TIME  PER DIEM  SEASONAL

ARE YOU ON A LAY-OFF AND SUBJECT TO A RECALL:  YES  NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?  YES  NO

AN EQUAL OPPORTUNITY EMPLOYER

# Education

	<b>Elementary</b>	<b>High School</b>	<b>College/ University</b>	<b>Graduate and/or Professional</b>	<b>Certificate Or Other Training</b>
<b>Name of School</b>					
<b>Years Completed (circle)</b>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4	
<b>Describe Course of Study</b>					
<b>Describe specialized training. Apprentice- ship, skills and Extra- curricular activities.</b>					

Honors Received:

Indicate what foreign languages you speak, read, and/or write. (Optional-Answer only if your knowledge of a foreign language is related to the requirements of the position for which you are applying.)

FLUENTLY

GOOD

FAIR

Speak

Read

Write

Special Skills and Qualifications: Special skills and qualifications acquired from employment or other experience:

Veteran of the U.S. military service?  Yes  No

If yes, what branch? \_\_\_\_\_

Please describe any special skills or training acquired while in the service.

## Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>Employer #1</b>	<b>Dates of Employment</b>	<b>Job Title</b>
<b>Company:</b>	<b>Start Date:</b>	
<b>Address:</b>	<b>End Date:</b>	<b>Work Performed</b>
<b>City, State, Zip</b>	<b>Hourly Rate/Salary</b>	
<b>Phone Number</b>	<b>STARTING      FINAL</b>	
<b>Supervisor</b>		
<b>Reason for leaving</b>	<b>Hours per week</b>	

<b>Employer #2</b>	<b>Dates of Employment</b>	<b>Job Title</b>
<b>Company:</b>	<b>Start Date:</b>	
<b>Address:</b>	<b>End Date:</b>	<b>Work Performed</b>
<b>City, State, Zip</b>	<b>Hourly Rate/Salary</b>	
<b>Phone Number</b>	<b>STARTING      FINAL</b>	
<b>Supervisor</b>		
<b>Reason for leaving</b>	<b>Hours per week</b>	

<b>Employer #3</b>	<b>Dates of Employment</b>	<b>Job Title</b>
<b>Company:</b>	<b>Start Date:</b>	
<b>Address:</b>	<b>End Date:</b>	<b>Work Performed</b>
<b>City, State, Zip</b>	<b>Hourly Rate/Salary</b>	
<b>Phone Number</b>	<b>STARTING      FINAL</b>	
<b>Supervisor</b>		
<b>Reason for leaving</b>	<b>Hours per week</b>	

If you need additional space, please use a separate sheet of paper.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. 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 supercedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize \_\_\_\_\_ to investigate my past employment, education and activities and release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omission made by me on this form shall be sufficient cause for denial of employment or discharge.

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**Signature of applicant**

**Date**

For Human Resources Department Use Only

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No				Remarks:	
If yes, Date, Time and Dept Head :			Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Hire:	Dept:	Job Title:	Rate of Pay:		
Signature of Human Resources:			Date:		



# ORIOLE HEALTH CARE

*Our family taking care of yours*

*Holden Rehabilitation & Nursing Center Wachusett Extended Care Facility Oakdale Rehabilitation & Skilled Nursing Center*

54 Boyden Rd. Holden, MA 01520 Human Resources 508-829-1113 Fax 508-829-1234

## Reference Check

 **Applicant — complete the boxed in area only!** 

I authorize the disclosure of past employment information and release both the prospective employer, Oriol Health Care, and the previous employer, \_\_\_\_\_ from all claims and liabilities arising from the release of such information.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

(requested, but not required until offer of employment)

Consideration for employment at Oriol Health Care is condition of the results of reference checks, CORI and pre-employment physical.

To Previous Employer:

\_\_\_\_\_ has applied for employment at \_\_\_\_\_ part of the Oriol Health Care Family of skilled nursing facilities. The above named applicant has listed you as a previous employer from \_\_\_\_\_ to \_\_\_\_\_, employed as a \_\_\_\_\_.

Will you please answer the following questions and return the form to the above fax # or address above. We assure you that this information will be kept in strict confidence.

(Please complete the following)

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ELIGIBLE FOR REHIRE: \_\_\_\_\_

**Professional & Personal Reference: Please rate the applicant on the following characteristics: Please circle your**

**Choices.**

Quality of Work	Poor	Fair	Average	Very Good	Excellent
Interacts Well With People	Poor	Fair	Average	Very Good	Excellent
Attendance	Poor	Fair	Average	Very Good	Excellent
Dependable	Poor	Fair	Average	Very Good	Excellent
Team Player	Poor	Fair	Average	Very Good	Excellent
Cooperates	Poor	Fair	Average	Very Good	Excellent
Creativeness	Poor	Fair	Average	Very Good	Excellent

Would you recommend this applicant for the position applied for? Yes  No

Additional comments/remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Phone # \_\_\_\_\_ Date \_\_\_\_\_

Please print or type name signed above