



Casa de Ramana Rehabilitation Center is proud to be an equal opportunity employer. We do not discriminate based upon race, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics.

Tell Us About Yourself

<input type="text"/>			<input type="text"/>	<input type="text"/>
Last Name	First Name	MI	Today's date	Date available to start
<input type="text"/>		<input type="text"/>		<input type="text"/>
Social Security Number		Primary Telephone		Email Address
<input type="text"/>			<input type="text"/>	
Street Address			City, State and Zip	
<input type="text"/>	Are you at least 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Years at current address	Are you authorized to work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>				

List any other names that you have been employed under – please print clearly

Have You Worked With Us Before?

Were you previously employed by Casa de Ramana Rehabilitation Center? Yes No

If YES Date From & To: <input type="text"/>	If NO, how were you referred? Please specify.
Position <input type="text"/>	<input type="checkbox"/> Online Ad: <input type="text"/>
Department <input type="text"/>	<input type="checkbox"/> Employment Agency: <input type="text"/>
Reason for Leaving <input type="text"/>	<input type="checkbox"/> Employee Referral: <input type="text"/>
	<input type="checkbox"/> Newspaper Ad: <input type="text"/>
	<input type="checkbox"/> Other: <input type="text"/>

Do You Have Relatives or Friends That Work Here?

List names and departments of friends and relatives employed by Casa de Ramana Rehabilitation Center. If additional space is needed, please list on another sheet.

Name	Relationship	Department
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



What is Your Job Interest?

Position(s) for which you are applying:

Check preferred work schedule:

Full-time Part-time Per-diem

Are you willing to relocate?

Yes No

Travel?

Yes No

Work Overtime?

Yes No

Where Were You Educated?

If your school records are under another name(s), please indicate here:

School Name	School Location	Years Completed	Major/Course Study	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do You have Professional Licensure?

Are you currently licensed or certified in your profession/occupation? Yes No

In which states are you licensed?

If not licensed in MA, have you applied? Yes No

Professional license, certificate or registration number

Expiration Date:

Other licensure/Certification

Expiration Date:

Has your professional license or certification even been investigated?

Yes No

If yes, please explain:

Has your professional license or certification even been revoked, restricted, limited or suspended?

Yes No

If yes, please explain:

Are you involved in any proceeding or investigation that could affect your license or certification?

Yes No

If yes, please explain:

Please list any job-related and professional, trade, business, fellowships and associations related to your career.



Tell Us About Your Employment History

Please list your last three (3) employers starting with the most recent. You may include verifiable volunteer work, military service and periods of self-employment. Please do not refer to your resume in lieu of completing each section. Please provide accurate and current contact information and if additional space is needed, please list on another sheet.

1. Name of Last or Present Employer:

Street Address

City, State and Zip

Dates Employed:

to

Title:

Job Duties:

May we contact this employer? Yes No

Supervisor Name:

Supervisor Title:

Supervisor Phone:

Supervisor Email:

Reason for leaving:

2. Name of Employer:

Street Address

City, State and Zip

Dates Employed:

to

Title:

Job Duties:

May we contact this employer? Yes No

Supervisor Name:

Supervisor Title:

Supervisor Phone:

Supervisor Email:

Reason for leaving:

Before moving on, do you have any commitments to any other employer that may affect your employment with Casa de Ramana Rehabilitation Center? Yes No If yes, please explain:



APPLICATION FOR EMPLOYMENT

3. Name of Employer:

Street Address

City, State and Zip

Dates Employed:

to

Title:

Job Duties:

May we contact this employer?

Yes

No

Reason for leaving:

Supervisor Name:

Supervisor Title:

Supervisor Phone:

Supervisor Email:

Do You have Other Job-Related Relevant Experience?

Have you received any specialized training which would qualify you for the position for which you are applying that you have not already listed on this application? Please state what training or experience may be relevant.

Your Professional References

Please list no less than three (3) people with whom you have had a working relationship. At least one of them must be a previous supervisor.



Acknowledgements & Signature

Please read the following carefully before you sign.

- I understand that receipt of this application does not mean that I will be employed by Casa de Ramana Rehabilitation Center.
- I attest that the statements and information given by me in the application and during the interview process, if chosen, are true and complete in all respects. I understand that if the information is found to be false, incomplete, misleading or unsatisfactory in any respect that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.
- I understand that employment with Casa de Ramana Rehabilitation Center is at-will. If hired, I understand that Casa de Ramana Rehabilitation Center has the right to terminate my employment at any time, with or without notice, and for any lawful reason and that I have the same right. I understand that neither this application, Casa de Ramana Rehabilitation Center’s policies or procedures, or any other documents given to candidates and employees or published online for their use, changes the at-will nature of employment with Casa de Ramana Rehabilitation Center. I further understand that no one other than the Principal of the Company has the authority to modify this at-will relationship or to make any agreement to the contrary and any such modification must be in writing. If hired, I agree to comply with all policies and procedures of Casa de Ramana Rehabilitation Center. I understand that Casa de Ramana Rehabilitation Center has the right to change its polices and procedures at any time.
- I understand that Casa de Ramana Rehabilitation Center, upon making me a conditional offer of employment, may investigate my background including but limited to my education, my previous employment, my professional licenses and my criminal record. I further understand that a consumer report may be obtained in connection with my application for employment and authorize the Company to conduct such an investigation. To the extent that the company employs a third-party consumer reporting agency to conduct such an investigation, I will be given separate documentation (including a consent form) regarding any such investigation prior to it being conducted. If I am denied a job based on either wholly or in part because of the information contained in a consumer report conducted by a third party consumer reporting agency, I will be provided the name and address of the reporting agency that supplied the information, a copy of the report and a notice of my rights under the law.
- I understand that some states in which Casa de Ramana Rehabilitation Center may conduct business require healthcare professionals to undergo a job-related physical. I agree to undergo a post-offer/pre- employment physical if employed in a state with such requirement.
- I authorize former and present employers, professional and personal references listed in this application, and any other individuals I may name, to give Casa de Ramana Rehabilitation Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties including Casa de Ramana Rehabilitation Center and their agents and employees from all liability, suits, causes of action, and any damages arising from any manner in providing information to Casa de Ramana Rehabilitation Center.
- Following the termination of my employment for any reason, I authorize Casa de Ramana Rehabilitation Center to provide information to my prospective future employers regarding my employment history and performance, and I release Casa de Ramana Rehabilitation Center and any person employed or associated with Landmark Management Solutions LLC, from all liability in connection with the provision of such information.

Applicant’s Signature

Date

If the application has been completed by an individual other than the above applicant, please print their name below: