

**MASONICARE
MEMORANDUM**

TO: Employment Applicant

FROM: Recruitment Director

DATE: February 15, 2008

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Thank you for your interest in a position with Connecticut VNA Partners, a home health and hospice partnership of Masonicare and Saint Francis Hospital and Medical Center. We have an exceptional workforce servicing over 1,000 home health and hospice patients. We offer tremendous career opportunities in all aspects of direct patient care as well as several support fields at highly competitive salaries and benefits. It is the policy of Connecticut VNA Partners to provide equal employment opportunities to all employees and applicants for employment without regard to sex, race, color, religion, national origin, age, disability, veteran status, marital status or sexual orientation.

Attached is a copy of the Connecticut VNA Partners Application for Employment packet, which is used to fill positions across our three service locations in Hartford, East Hartford and Suffield. The application package consists of the basic Application, plus an Addendum for Criminal History, and a Notification and Authorization for Background Check. Please complete all questions on these documents **in ink** and return them in person or via mail to the Masonicare Recruitment Center, 22 Masonic Avenue, Wallingford, CT 06492. Or you may fax the completed application to the Masonicare Recruitment Center at (203) 679-6858.

Should you have any questions, or require any specific accommodation to successfully complete the application process (i.e. sign interpreter, etc.), please notify us as soon as possible at (203) 679-5113.

Sincerely,

Sarah Dorsey
Recruitment Director

Date _____

Please Print In Ink

Please complete all questions on this employment application so that you may be given every employment consideration. It is the policy of Connecticut VNA Partners to provide equal employment opportunities to all employees and applicants for employment without regard to sex, race, color, religion, national origin, age, disability, veteran status, marital status or sexual orientation. Connecticut VNA Partners complies with applicable state and local laws governing nondiscrimination in employment in every location in which we have employees.

Please notify the Human Resources office if you require accommodation to successfully complete the application process, i.e. sign interpreter, etc.

Position Applying For:		Full Time _____ Part Time _____ Per Visit _____ Per Diem _____	Hours Preferred _____ Shift Preferred _____	Social Security Number:		
Name (Last):		(First)	(Middle)	Have you ever been known by another name?		
Present Address:			City	State	Zip Code	
Home Telephone: (____) _____ Cell Phone: (____) _____			E-mail address _____ Work Telephone: (____) _____			
Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If hired you must complete a Federal Form I-9.						
Education (circle last year completed): 6 7 8 9 10 11 12 13 14 15 16				Are you at least 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		
School	Name and City			Graduate	Major	Degree
High School						
College						
Other						
U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch:	Type of Discharge:	Rank:		
Previous Employee of Masonicare or St. Francis Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____		Any relatives employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/> Relationship _____ Department _____				
How were you referred to us? Please specify.						
Give the names and addresses of 3 persons <u>OTHER THAN RELATIVES</u> who know you and can provide information about your work.						
Name	Address		Phone Number	Business/Occupation		
			()			
			()			
			()			

I can perform the essential functions of the position for which I am applying [] with [] without reasonable accommodations?

Starting with the most recent position, state your last four employers.

1	Company Name:	Telephone: ()
	Address:	Employed (state month and year) From _____ To _____
	Name of Supervisor:	Starting Wage: _____ Ending Wage _____
	State Job Title and Describe Work:	Reason for Leaving:

May we contact your present employer? Yes No If no, explain:

2	Company Name:	Telephone: ()
	Address:	Employed (state month and year) From _____ To _____
	Name of Supervisor:	Starting Wage: _____ Ending Wage _____
	State Job Title and Describe Work:	Reason for Leaving:

3	Company Name:	Telephone: ()
	Address:	Employed (state month and year) From _____ To _____
	Name of Supervisor:	Starting Wage: _____ Ending Wage _____
	State Job Title and Describe Work:	Reason for Leaving:

4	Company Name:	Telephone: ()
	Address:	Employed (state month and year) From _____ To _____
	Name of Supervisor:	Starting Wage: _____ Ending Wage _____
	State Job Title and Describe Work:	Reason for Leaving:

All applicants, including administrative, management and supervisory are required to answer the following questions:

1. Are you currently, or have you ever been excluded, suspended, debarred, or otherwise deemed ineligible to participate in Federal healthcare programs (i.e. Medicare, Medicaid, etc.)? Yes No
2. If you answered "yes" to the above question, on what date were you reinstated in the Federal health care program after your period of exclusion, suspension debarment, or ineligibility? _____
3. Have you ever been subject to any disciplinary action regarding cruelty or assault? Yes No
If "yes" please explain _____
4. Have you ever been involuntary terminated from a prior position? Yes No
If "yes" please explain _____

Clinical Section - Please Complete Appropriate Categories.

C.N.A./H.H.A. (circle one)	Registry # _____	Issue Date: _____
R.N./L.P.N. (circle one)	License # _____	Expiration Date: _____
M.D.	License # _____	Expiration Date: _____
P.T.	License # _____	Expiration Date: _____
O.T.	License # _____	Expiration Date: _____
R.T.	License # _____	Expiration Date: _____
Audiology	License # _____	Expiration Date: _____
Speech	License # _____	Expiration Date: _____
Other	License # _____	Expiration Date: _____

Are there any actions, past or pending, against your certification or licensures, such as limitations, suspensions or revocations?

Yes No If yes, please explain _____

Have you ever been sanctioned or excluded by /from any Federal or State healthcare plan? Yes No

If yes, please explain _____

Training Skills Acquired - Please Complete Appropriate Categories.

Basic Cardiac Life Support	_____	Date Completed: _____
Advanced Cardiac Life Support	_____	Date Completed: _____
Coronary Care Course	_____	Date Completed: _____
Respiratory Care Course	_____	Date Completed: _____
I.V. Therapy Course	_____	Date Completed: _____
Other Courses	_____	_____

Clerical Section		
Keyboard _____ wpm	Word _____	Excel _____
Windows _____	Access/DB II, III/Other _____	
Switchboard _____	Other _____	

Maintenance Section - Please Complete Appropriate Categories.		
Plumber License # _____	Expiration Date: _____	
Boiler Engineer License # _____	Expiration Date: _____	
Electrician License # _____	Expiration Date: _____	
HVAC License # _____	Expiration Date: _____	
Special Skills _____		

I, the undersigned, certify that the information contained in this employment application is true and complete to the best of my knowledge and belief. I understand and agree that omissions, misrepresentations, or falsifications of any part of this record shall be cause for immediate discharge without severance benefits in the event that I am hired.

I understand that this application and/or any resultant employment does not imply or indicate any intent of establishing any contractual relationship. I further understand that my employment is at will and can be terminated by me or by the employer at any time, for any reason. Also, I understand that this application is not an offer of employment, and offers of employment may only be made in writing by the Senior Vice President of Human Resources or designee.

I understand that any resultant employment is contingent upon the satisfactory processing of my application and post offer medical examination inclusive of screenings for drug, alcohol, and functional capability.

I understand that I will be considered for employment on the basis of references and the information furnished on this application form and I hereby authorize all schools, former employers, personal references, police and government agencies to furnish full information including work history, any personnel file information, and information regarding any exclusion from Federal healthcare program participation to Masonicare without liability of any kind.

Signature _____ Date _____

Administrative Office
111 Founders Plaza, Suite 200, East Hartford, CT 06108
860-528-2273

95 Woodland Street, Hartford, CT 06105
860-524-5315

450 South Street, Suffield, CT 06078
860-668-0211

Applicant Name _____

Date of Application _____

Criminal History

All applicants, including those applying for administrative, management and supervisory positions are required to answer the following questions:

1. Have you ever been convicted of a crime, including any related to the provision of healthcare items or services? [] Yes [] No If yes, please explain. _____

“Conviction” for this application, means a final judgment or verdict of guilty, a plea of guilty, or a plea of nolo contendere, in any state or federal court, regardless of whether an appeal is pending or could be taken.

“Conviction” does not include a final judgment or verdict that has been expunged by pardon, reversed, set aside or otherwise rendered invalid. Further, you are **not required to disclose** any arrest(s), criminal charge(s) or conviction(s) the record(s) of which have been **erased under law**. Such records can include records of a finding of delinquency or that a child was a member of a family with service needs, adjudication of youthful offender status, criminal charges dismissed or nolle, or charges for which a person is found not guilty or a conviction later resulting in an absolute pardon.

Further, any person whose criminal records have been erased is deemed under law never to have been arrested with respect to such erased proceedings and may so swear under oath.

A history of criminal conviction(s) will not necessarily bar consideration of employment. Factors such as the time, seriousness and nature of the offense, as well as rehabilitation, will be taken into account.

Should you have any questions regarding this application, or your rights concerning erased records, please direct inquires to the Human Resources Department.

2. Are there any criminal charges currently pending against you, including any related to the provision of healthcare items or services? [] Yes [] No If yes, please explain. _____

I understand this insert regarding Criminal History is an addendum to the Connecticut VNA Partners Application for Employment.

Applicant Signature _____

Date _____

Masonicare Corporation
22 Masonic Avenue
Wallingford, CT 06492

NOTIFICATION AND AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Strategic Information Resources, Inc. and/or their agents to investigate my background for employment purposes. I acknowledge that under the Fair Credit Reporting Act, as amended by the Fair And Accurate Credit Transactions Act of 2003, I have been informed that this background check will consist of investigative consumer reports which may include information about my character, criminal record, work habits, credit background, academic-credential verification, job experience and reasons for termination. Also, it may include information about my workers' compensation claim history, driving record or abstract, personal characteristics, general reputation and mode of living. I acknowledge that these reports may be obtained at any time after receipt of my authorization, and if I am hired, throughout my employment. American Driving Records will supply Louisiana driving records.

I am aware that in the event an investigative consumer report is prepared, I am entitled request additional disclosures regarding the nature and scope of the investigation being requested as well as a written summary of my rights under the Fair Credit Reporting Act.

I authorize and release from all liability, without reservation, the consumer reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation.

Prior to an adverse employment decision being made, due totally or partially to information obtained from a consumer report, Masonicare Corporation will provide me with a copy of the report, a summary of my rights under the Fair Credit Reporting Act as amended by the Fair And Accurate Credit Transactions Act of 2003, and the source of the report so that I may contact them, if I wish to do so.

My signature below certifies that this authorization and the accompanying application and other documents were completed by myself and are complete and true to the best of my knowledge. This release will remain valid unless revoked in writing.

Copies and facsimile copies of this document may be accepted in lieu of the original.

Applicant Signature

Signature Date

Printed Name

Drivers License # State

Social Security Number

Date of Birth

Current Address City State ZIP

Previous Address City State ZIP

Please list any aliases that you have used in past seven years. (This may include abbreviated names, **maiden names**, or prior legal names)

Oklahoma Residents : Check here if you would like a copy of the background check results mailed to you:

California Residents : Check here if you would like a copy of the background check results mailed to you: