

Employment Application



INTRODUCTION:

Thank you for applying with MASA Healthcare. Before you apply, we want you to know that the underlying principle of all services we provide is **Socially Responsible Healthcare**.™ Please read and fill out the entire application. Print clearly with a pen and attach your resume but do not write "See Resume" in any section on the application. Applications remain on file for a period of 180 days.

MASA Healthcare is an **Equal Opportunity / Affirmative Action** employer and Healthcare Provider. We are committed to diversity, inclusiveness and a welcoming environment for all employees, patients, and residents. All qualified individuals are considered for employment and treated equally during employment without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation, veteran or family status. Unless otherwise defined by applicable law, any employment relationship with MASA Healthcare is of an at-will nature which means the employee or employer may terminate the employment relationship at any time with or without cause.

Personal Information	Date:
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Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip How Long

Telephone () _____ Social Security No. _____ - _____ - _____

Are you at least 18 years of age? Y [] N [] Have you ever been employed by MASA Healthcare Y [] N []

Position (1) applied for: _____ Desired Salary _____ Full-Time [] Part-Time []

Position (2) applied for: _____ Desired Salary _____ Full-Time [] Part-Time []

You must be minimally qualified to work in these positions.

How many hours can you work weekly? _____ Can you work nights? Y [] N [] Can you work weekends? Y [] N []

Days/Hours available: No Pref: [] Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Geographic areas of work preference: _____

If hired, can you provide proof of your eligibility to work in the United States? Y [] N []

All offers of employment by MASA Healthcare are contingent on verifying your identity and legal authority to work in the United States. Prior to or on your first day of employment, you must provide the necessary documents required for verifying the Employment Eligibility Verification (I-9 Form).

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position for which you have applied? Y [] N []

If you require an accommodation for a disability, you are invited to contact our human resource department via email at bena@masahc.com

Do you have a Driver's License? Y [] N [] What is your means of transportation to work? _____

Driver's license number _____ Operator [] Commercial (CDL) [] Chauffeur []

State of issue _____ Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Have you pled no contest, pled guilty or been convicted of a crime? Y [] N [] If yes, please provide dates and details. Answering "yes" does not constitute an automatic bar to employment. Determinations will be made on a case-by-case basis. If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been in the armed forces? Y [] N [] Are you now a member of the National Guard or Reserves? Y [] N []

Specialty: _____ Rank: _____ Yrs. Served _____ Discharge Date: _____ Reason: _____

OFFICE USE ONLY:

Education & Skills Information				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				

List any other schools attended or training that is relevant to this position such as trade schools, vocation schools, armed forces training or business schools.

Complete the separate skills checklist and submit with your application. The skills checklist is not used for hiring decisions, but rather for placement or fit.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications and skills for the specific position for which you are applying.

You may attach additional pages if necessary.

Work Experience

Please list your employment history for the past ten (5) years or last three (3) employers. Begin with your most recent or present employment and show all employment.

Name of Employer	Name and Title of Manager	May We Contact?	Telephone No.
		Y [] N []	()
Address	Position Held	Dates of Employment	
		From	To
Description of Job Duties / Special Skills		Month	Year
		Month	Year
Reason for Leaving	Eligible for Re-Employment?	Base Salary-Starting	Base Salary-Ending
	Y [] N []	\$	\$
			Last Bonus
			\$
Name of Employer	Name and Title of Manager	May We Contact?	Telephone No.
		Y [] N []	()
Address	Position Held	Dates of Employment	
		From	To
Description of Job Duties / Special Skills		Month	Year
		Month	Year
Reason for Leaving	Eligible for Re-Employment?	Base Salary-Starting	Base Salary-Ending
	Y [] N []	\$	\$
			Last Bonus
			\$
Name of Employer	Name and Title of Manager	May We Contact?	Telephone No.
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Address	Position Held	Dates of Employment	
		From	To
Description of Job Duties / Special Skills		Month	Year
		Month	Year
Reason for Leaving	Eligible for Re-Employment?	Base Salary-Starting	Base Salary-Ending
	Y [] N []	\$	\$
			Last Bonus
			\$

Do you have gaps in your employment? Y [] N [] If Yes, please explain. _____

References

List two references other than personal or family references unless they relate to your work experience.

Name _____ Company _____ Contact Info _____

Name _____ Company _____ Contact Info _____

Acknowledgment & Authorization

Please read carefully before signing. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of federal, state, and local government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. I understand that if hired I will be an at-will employee and my employment and compensation can be terminated with or without cause, and with or without notice, at the option of either MASA Healthcare or myself. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer.

Signature: _____ Print _____ Date _____