

FOR HUMAN RESOURCES USE ONLY						
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	LAST	FIRST	MIDDLE		MO	DAY YR



EMPLOYMENT APPLICATION

ALL APPLICANTS WILL BE GIVEN EQUAL CONSIDERATION REGARD-
LESS OF RACE, GENDER, AGE, COLOR, NATIONAL ORIGIN, MARITAL
OR VETERAN STATUS, SEXUAL ORIENTATION, RELIGION, DISABILITY,
OR ANY OTHER LEGALLY PROTECTED STATUS.

It is unlawful 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 liabilities.

PERSONAL INFORMATION**PLEASE PRINT ALL INFORMATION**

Name: (Last, First, Middle)	Social Security Number:
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Local Address:	Telephone Number: ()
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Email Address:	Cell Phone Number: ()
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Permanent Residence (if different from above):

Type of position(s) for which you are applying:	Job Code No(s.), if known:
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Are you applying for full-time or part-time work? Full Time Part Time
 If part time, what days and hours are you available to work?

Are you available to work evenings? YES NO

Are you available to work weekends? YES NO

Are you available to work rotating shifts? YES NO

Are you available to work holidays? YES NO

Were you referred by a current Shields' employee? YES NO

If yes, name: _____

If no, how did you learn of the position? _____

Salary requirements? _____

If hired, when are you available to begin work? _____

Have you previously applied for a position with Shields? YES NO

Have you ever been employed by Shields or any of our subsidiaries? YES NO

If yes, give dates: _____

List any relatives in our employ:	Name	Relationship
_____	_____	_____

Have you ever been employed by the Commonwealth of MA, YES NO

or as a Fiscal intermediary for Medicare/Medicaid?

If yes, please provide agency name and dates: _____

Are you legally eligible for employment in the United States? YES NO

(Proof of citizenship or immigration will be required upon employment.)

COMPLETE THE FOLLOWING IF APPLICATION IS FOR A POSITION IN WHICH DRIVING IS REQUIRED

Driver's License No. & State:	Has your license ever been suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, why?
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EMPLOYMENT HISTORY (write most recent position first)**PRESENT OR LAST EMPLOYER**

Name of Employer	Address	Telephone ()
Supervisor's Name & Title May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		Employed (Month/Year) From: To:
Work Schedule <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		Salary:
Why are you/did you leave? <input type="checkbox"/> I initiated <input type="checkbox"/> Employer initiated Reason:		
State Job Title: _____ and describe your duties:		

NEXT PREVIOUS EMPLOYER

Name of Employer	Address	Telephone ()
Supervisor's Name & Title May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		Employed (Month/Year) From: To:
Work Schedule <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		Salary: <input type="checkbox"/>
Why did you leave? <input type="checkbox"/> I initiated <input type="checkbox"/> Employer initiated Reason:		
State Job Title: _____ and describe your duties:		

NEXT PREVIOUS EMPLOYER

Name of Employer	Address	Telephone ()
Supervisor's Name & Title May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO		Employed (Month/Year) From: To:
Work Schedule <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		Salary:
Why did you leave? <input type="checkbox"/> I initiated <input type="checkbox"/> Employer initiated Reason:		
State Job Title: _____ and describe your duties:		

MILITARY HISTORY

Did you serve in the U.S. Armed Forces? YES NO | If "Yes" in what Branch?

Describe any training received in the Armed Forces to the position for which you are applying.

ACADEMIC TRAINING (submit transcripts if readily available)

Schools Attended	Name and Location of School	Course of Study	No. of Years	Did You Graduate?	Type of Degree or Diploma
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Trade Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any Professional Licenses, Registrations, or Certifications (include identifying numbers and expiration dates if applicable):

Please list and rate (✓) your skill level for the following Software Applications:

Application	Software Used	Rating		
		Basic	Intermediate	Advanced
Word Processing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Mgmt.		<input type="checkbox"/>	<input type="checkbox"/>	
Spreadsheet		<input type="checkbox"/>	<input type="checkbox"/>	
Presentation		<input type="checkbox"/>	<input type="checkbox"/>	

Typing WPM: _____ **Do you know Medical Terminology?** YES NO

LIST THREE BUSINESS OR ACADEMIC REFERENCES, NOT RELATED TO YOU, WHO MAY BE CONTACTED.

Name	Street, City, State & Zip	Position	Telephone
			()
			()
			()

The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I acknowledge and understand that all applicants will be given equal consideration regardless of race, gender, age, color, national origin, marital or veteran status, sexual orientation, religion, disability or any other legally protected status. No question on this application is intended to secure information concerning the aforementioned.

I understand that my employment is conditional upon my performance and providing proof of identification and authorization to work in the United States.

I hereby acknowledge notification that an inquiry may be made to procure information relating to my work experience, character, general reputation, and personal characteristics. In connection with any inquiry which might be made, I hereby authorize all schools, persons, companies, corporations, credit bureaus, and agencies, public and private, who possess information about me and/or act as custodians of any records relating to me, to release to this company or any designated representative thereof, any and all information concerning my background and personal history, and release them from any liability and responsibility which might result. I indemnify Shields Health Care Group from any liability, which might result from making such inquiry.

I understand that the Shields facilities may be staffed up to 24 hours per day, seven days per week, in order to provide necessary services to patients. I understand that work schedules are designed to meet facilities' and patient needs and that I may be required to work shifts other than the one for which I am applying.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Shields Health Care Group and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. I understand that no manager or representative other than the Chief Executive Officer or the President has any authority to enter into any agreement for employment for any specified period of time; and that any agreement with the Chief Executive Officer or the President must be in writing and signed by both parties. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and Shields Health Care Group retains a similar right.

I hereby acknowledge that I have read the foregoing disclosures and understand them.

Date _____

Applicant's Signature _____

Consumer Report / Investigative Consumer Report (Including Substance-Abuse Testing / Drug Testing) Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

I authorize Shields Health Care Group to procure a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living.

I understand substance-abuse testing/drug testing may be a requirement of the position for which I am applying, or the position I wish to retain. I consent to this testing and understand I must pass the substance abuse test/drug test as a condition of employment or continued employment. I hereby authorize any physician, laboratory, hospital or medical professional designated by the above-named company to conduct such testing and release the results to authorized representative/s of the above-named company and/or Verifications, Inc. I understand only drug test results will be provided to and reviewed by a Verifications Inc. Medical Review Officer (MRO) and that MRO may discuss the results of the drug test with me and ask about medical information specifically related to these drug test results. I understand that when this review is completed, only the drug test result will be provided by the MRO to the above named company.

I understand that Verifications may transmit my personal information to its agents and information sources as necessary throughout the course of business. I may request a list of designated agents by contacting Verifications, Inc. at the address listed below. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act." I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1 605-884-1200**

May your current employer be contacted? YES NO Not Currently Employed

California: Are you employed in, seeking employment in, or a resident of California? YES NO

California, Minnesota or Oklahoma: Are you employed in, seeking employment in, or a resident of one of these States? YES NO If YES, do you wish to receive a copy of any Consumer Report of which you are the subject? YES NO

All Other US States: Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

I authorize the above-named company to procure a Consumer Report about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.

Signature _____ Social Security Number _____ Date _____

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Release of Information Authorization* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name	First Name	Middle Name	Date of Birth (spell month)
Street Address		City	
State/Province	Country		ZIP/Postal Code
Driver's License No.	Country/State of License		Expires On
List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years			
List any other LAST NAMES you have used during the previous 7 years			
List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials.			

If you have experience or qualifications from outside the USA, please request and complete an International Supplement.

Shields Health Care Group Voluntary Self-Identification Form

Shields Health Care Group (SHC) is an equal opportunity employer. All applicants to SHC will be given equal consideration regardless of race, gender, age, color, national origin, marital or veteran status, sexual orientation, religion, disability, or any other legally protected status.

As an equal opportunity employer, SHC complies with all relevant government regulations. To help us with record keeping, reporting, and other legal requirements, we request that you complete this self-identification form. Submission of this information is completely voluntary, and choosing not to provide it will not result in any adverse treatment. Please be aware, if you do not provide this information, SHC will attempt to identify your race and/or national origin by visual perception.

MALE

FEMALE

Please mark only one box below. If you are of mixed racial and/or national origin, choose the category with which you most closely identify yourself.

Hispanic or Latino: A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race., and who maintains cultural identification through community recognition or tribal affiliation.

White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North America.

Black or African American (not Hispanic origin): A person having origins in any of the black racial groups of Africa.

Asian (not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Viet Nam.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment.

Please return form to Shields Health Care Group, Human Resources Department,
365R Westgate Drive, Brockton, MA 02301

Two or More Races (not Hispanic or Latino)

Name: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. **For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You can find out what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in a credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every twelve months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct inaccurate, incomplete information or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus by calling 1-800-XXXXXXX.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your State Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051