



Merry Heart Personnel Corporation

200 State Route 10 W, Succasunna, NJ, 07876

Tel# 973-584-4000 / Fax# 973-939-8481

Email: hr2@merryheart.com / staffing@merryheart.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, age, creed, gender, national origin, disability, marital or veteran status, sexual orientations or any other legally protected status.

PLEASE PRINT CLEARLY

Position applied for: _____

Date of application: _____

Which Facility?

Merry Heart HCC Succasunna

Merry Heart Home Care

Merry Heart Assisted Living

Beverwyck Home of Parsippany

How did you learn about us? Advertisement

Friend

Walk-in

Employment agency

Relative

Other: _____

| | | | |
|------------------------|---------------|-------------------|--------------------|
| Last Name | First Name | Middle Name | |
| Address: Number/Street | | City | State ZipCode |
| Telephone Number | Email Address | Soc. Security No. | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO If YES, when? _____

Have you ever been employed with us before? YES NO If YES, when? _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Immigration Status or Visa restrictions? (proof of citizenship or immigration status will be required upon employment under law) YES NO

On what date would you be available for work? _____

Are you available to work: FULL-TIME PART-TIME TEMPORARY WEEKEND
 HOLIDAYS DAY SHIFT EVENING SHIFT NIGHT SHIFT

Are you currently on "lay-off" status and subject to recall? YES NO

Have you been convicted of patient abuse or assault? YES NO

If YES, please explain: _____

Has any disciplinary action been imposed on you by a government licensing agency? YES NO

If YES, please explain: _____

Indicate any foreign languages you can speak, read, and / or write:

Speak: _____ Read: _____ Write: _____

EDUCATIONAL BACKGROUND

| Name of Institution & Address | Course of Study | Year Completed | Diploma / Degree |
|-------------------------------|-----------------|----------------|------------------|
| Elementary School | | | |
| High School | | | |
| College | | | |
| Graduate School / College | | | |
| Other | | | |

License or Certification:

| Type | Number | Issuing Authority / Board | Exp. Date |
|------|--------|---------------------------|-----------|
| | | | |

NURSES ONLY:

| | |
|--------------------------------|------------------------|
| Malpractice Insurance Provider | Policy Expiration Date |
| | |

Describe any specialized training, skills, additional certifications / licenses, etc.:

Summarize any special job-related skills and / or qualifications from employment or other experiences:

State any additional information you feel may be helpful to us in considering your application:

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, sexual orientation or other legally protected status by law:

EMPLOYMENT EXPERIENCE

Please indicate employment experience related to the position you are applying for. Start with your present or last job. Include any job-related military service and / or volunteer activities. You may exclude organizations which indicate race, creed, color, religion, gender, national origin, sexual orientations, disability or other protected status.

| 1. Employer and Address | From | To | Hourly Rate | Description of Duties |
|-------------------------|------|--------------------|-------------|-----------------------|
| | | | | |
| Telephone # | | Supervisor | | |
| Your Job Title | | Reason for Leaving | | |

| 2. Employer and Address | From | To | Hourly Rate | Description of Duties |
|-------------------------|------|--------------------|-------------|-----------------------|
| | | | | |
| Telephone # | | Supervisor | | |
| Your Job Title | | Reason for Leaving | | |

| 3. Employer and Address | From | To | Hourly Rate | Description of Duties |
|-------------------------|------|--------------------|-------------|-----------------------|
| | | | | |
| Telephone # | | Supervisor | | |
| Your Job Title | | Reason for Leaving | | |

| 4. Employer and Address | From | To | Hourly Rate | Description of Duties |
|-------------------------|------|--------------------|-------------|-----------------------|
| | | | | |
| Telephone # | | Supervisor | | |
| Your Job Title | | Reason for Leaving | | |

| 5. Employer and Address | From | To | Hourly Rate | Description of Duties |
|-------------------------|------|--------------------|-------------|-----------------------|
| | | | | |
| Telephone # | | Supervisor | | |
| Your Job Title | | Reason for Leaving | | |

REFERENCES

Note: Please do not list any of your relatives as one of your references

| | |
|---------|-----------|
| 1. Name | Telephone |
| Address | |
| 2. Name | Telephone |
| Address | |
| 3. Name | Telephone |
| Address | |

CONSENT & DISCLOSURE

I, the undersigned applicant, do hereby authorize **Merry Heart Personnel Corporation**, by and through its independent contractor, Intellicorp to procure a consumer report and/or investigative consumer report on me. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my driving history, including traffic citations; a social security number verification; present and/or former addresses; criminal and/or civil history/records; or any other public records. I further authorize **MHPC** or any of its agent or representative to verify all information provided on my application and/or in the interview(s), as well as contacting my former employers and references. I also hereby release all former employers providing such information, from all liabilities whatsoever, resulting from the disclosure of such information.

APPLICANT'S STATEMENT

1. I understand that if employed by MERRY HEART my employment may be terminated at any time, with or without cause at the option of either the agency or myself.
2. I understand that neither this application nor any communication by this agency's representative is intended to create or creates a contract for employment or a guarantee of benefits.
3. I certify that the answers given herein are true and complete to the best of my knowledge.
4. I understand that this application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at this time.
5. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate termination.
6. In the event of employment, I understand that I am required to abide by all rules and regulations of MERRY HEART.
7. In the event of employment, I agree that the examining physician may disclose the results of my physical examination to the agency.
8. In the event of employment, I understand that any employment by this agency will be on a three (3) month probationary basis.
9. I understand that this agency has a **zero-tolerance policy on illegal drugs** and that this agency reserves the right to perform random drug testing or require drug testing of any employee suspected of using illegal drugs.
10. I hereby authorize MERRY HEART to verify all information provided on this application and / or in the interview(s), as well as contacting my former employers and references. I also hereby release all former employers providing such information, from all liabilities whatsoever, resulting from the disclosure of such information.
11. **FOR LICENSED APPLICANTS ONLY:** I understand that, as part of this application process, MERRY HEART will verify my competence and certification with the appropriate Licensing Registry, and may obtain any and all information contained in the Registry for use in evaluating any application for employment.

Print Full Name

Signature of Applicant

Date

Signature of Interviewer

Title