

**Brookhaven Assisted Care (6/1/19)**  
**Pre-Employment Information**

Date of Application: \_\_\_\_\_

Applications for Employment are always welcomed. Applications are by appointment only and must be filled out at Brookhaven. The application must be completely filled out. Do not skip any areas. The application must be legible. Feel free to ask questions and/or ask for assistance filling out this application. Thank you for applying at Brookhaven.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Phone: Home - \_\_\_\_\_ Cell - \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing address if different from present address: \_\_\_\_\_

Applicant Identification: **Applicants must provide proof of identification with this application.** (Human Resources will make a copy)

Valid Massachusetts driver's license Provided \_\_\_\_\_ Other: \_\_\_\_\_ Provided \_\_\_\_\_

Applicants must provide proof of health insurance when possible. Provided \_\_\_\_\_

Are you under 18 years of age? \_\_\_\_\_

Under age 18 requires applicants provide a work permit. Provided \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Employment Desired: (All positions are Part Time and Per Diem)

Please circle the approximate number of hours per week desired: 6-8Hrs / 8-12Hrs / 12-16Hrs / 16-24Hrs / 24-36Hrs

Explain what you are looking for: \_\_\_\_\_

Applicant availability **1st shift 5 or 6am to 2:30pm** \_\_\_\_\_ **2nd shift 2:30pm - 10:30pm** \_\_\_\_\_ **3rd shift 10:30pm - 6:30am** \_\_\_\_\_

You must be willing to: Work alternate Weekends \_\_\_\_\_ Split up Holidays \_\_\_\_\_ Cross train for other jobs \_\_\_\_\_

Do you have restrictions?: \_\_\_\_\_

Are you willing to fill in on extra shifts when needed? \_\_\_\_\_

Salary desired \$\_\_\_\_\_/hour

Have you ever applied to our company before? \_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, may we contact your present employer? \_\_\_\_\_ What date are you available to start? \_\_\_\_\_

Education: (We will make copies of Diplomas / GEDs / Certificates)

Level of School	Name of School	Address/Town	Dates attended	Diploma Yes / No	GED Yes / No	Copy Provided
High School						
College						
Other						
CNA						
HHA						
MAP						
Other						

Applicants are initially evaluated for a 3 month trial period for their ability to follow instruction and perform duties according to Brookhaven protocol and procedures, reliability and their ability to follow Employee Policies.

**The information I have supplied is accurate. I have read the Explanation of the hiring process. I give permission for a recorded interview should I be called.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Work History\***

**\*Applicant Must fill out\***

List names of all employers in consecutive order with present listed first. Account for all periods of time including military services and any periods of unemployment. If self-employed, give firm name and supply business references.

Brookhaven is looking for the type of job experience, as well as a contact for reference that may give us an idea that you would be a successful job candidate. Be confident that direct care, waitressing, housekeeping, raising a family, and any other experience that shows your potential for being a successful job candidate is helpful and appreciated. Resumes may be attached to the completed application.

Name of Employer		Telephone	
Address, City State, Zip Code		Job Title	
Nature of Business		Dates of Employment	-to-
Name, Title of last Supervisor		Pay	Start: Ending
Your name at time of employment if different from your current name		Reason for leaving	

Name of Employer		Telephone	
Address, City State, Zip Code		Job Title	
Nature of Business		Dates of Employment	-to-
Name, Title of last Supervisor		Pay	Start: Ending
Your name at time of employment if different from your current name		Reason for leaving	

Name of Employer		Telephone	
Address, City State, Zip Code		Job Title	
Nature of Business		Dates of Employment	-to-
Name, Title of last Supervisor		Pay	Start: Ending
Your name at time of employment if different from your current name		Reason for leaving	

**\*References:\*** You must provide three references, not relatives or former employer.

Name	Address	Phone	Occupation

What was your attendance record at your prior places of employment? \_\_\_\_\_

I certify that the information I have provided is true

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Read the job Descriptions below: Circle one or more jobs that you are applying for

Med RP / RP2 / Shift Aide / Housekeeping / Kitchen Aide

Job Title and Job Descriptions:

(RP) = Responsible Person - (state requirement)

An individual 21 years of age or older with a high school diploma or GED, of good moral character, with the ability to make mature and accurate judgments as well as perform job requirements. The RP shall also have the ability to communicate orally and in writing in English and the primary language used by residents of the facility.

RP's at Brookhaven may fall under different categories of RP - Med RP, RP1, and RP2

RP's at Brookhaven will typically be responsible for Resident Direct Care along with some housekeeping type duties.

RP#1 / Med RP: 1st / 2nd shift / 3rd shift (one on each shift)

Follows RP1 / Med RP Work Routine

Reports directly to the Medical Coordinator and/or to the Manager for emergency and immediate concerns

Responsible for seeing that all resident care is completed and resident care needs are met whether listed on MAR, assigned via Resident Care Listing or a need that comes up.

Documents RP2 / SA questions or concerns in Communication Log to be followed up on by the Medical Coordinator and/or Manager

Med Certified by RN, maintains keys, trained to pour, pass and document Meds.

Med Pours need to be accurate and are time sensitive.

Responsible for accurate count and documentation of Controlled Meds while on duty.

Completes count and documentation of Accountable Meds with incoming Med RP.

Follows Work Routine Listings which include providing direct care to residents.

Accessible to the residents for emergencies at all times.

Observes, documents, reports and monitors change in a resident's physical or mental status.

Orders, takes delivery of resident medications and house stock and provides appropriate documentation.

Follows Resident Medical and Emergency Protocol to manage emergencies.

Reports and reviews orders and medications for any residents returning from hospital or doctor appointments to the Manager or Medical Coordinator and provides appropriate written documentation of return.

Displays appropriate insight into teaching and directions from Med Coordinator or Manager.

Completes smooth, efficient transitions between shifts. Provides report to the incoming Med RP.

CNA,MAP certified,MA,HHA, 1st Aide and CPR certifications are not a requirement but are preferred.

Observes and reports immediately any situations that could constitute a risk to a resident or a liability for Brookhaven.

Directs questions and concerns to the Manager.

Maintains neat and well organized work areas.

Works as a team with other personnel.

Other duties as assigned

RP#2 / 1st shift, 2nd shift, 3rd shift - one on each shift

Follows RP2 Work Routine which includes providing direct care to residents and housekeeping/kitchen type duties.

Responsible for following Resident Medical and Emergency protocols to assist Med RP when asked for assistance.

Observes and immediately reports situations that could constitute a risk to a resident or a liability for Brookhaven.

Maintains a neat and well organized work area.

Works as a team with other personnel.

Other duties as assigned.

Shift Aide and Housekeeping: 6am - 10:30am 10:30am - 2:30pm. Involves direct resident care.

Follow a Work Routine which includes Housekeeping, Kitchen and dining room duties.

Observes and immediately reports situations that could constitute a risk to a resident or a liability for Brookhaven.

Reports to and directs Resident concerns to Med Coordinator or Manager or Med RP on duty in their absence.

Reports House Keeping concerns to House Keeping coordinator (Donna Nairn)

Maintains a neat and well organized work area.

Works in cooperation with other personnel.

Payroll - Brookhaven or GAFC agency

Other duties as assigned

Kitchen Aide: Kitchen / Dining Room Cleanup and Dishwashing: 5:30p - 7p (may be under 21)

This position is temporary and available only when resident care needs are high. This position allows an RP2 to move on to resident care.

Other duties as assigned.

I have read the above Job Description: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation of the hiring process:

Step 1: Brookhaven's Manager, Donna Nairn, will take your Pre-Employment information and review it.

Step 2: Brookhaven's Manager, Donna Nairn will call your past Employment, & referrals

Step 3: Will take place if and when we have specific hours available which we may consider you. Applicants will be asked to continue the job application process by completing Part 2 The Interview. The interview may be recorded (audio / visual and maintained int the applicants file.

If the interview is acceptable and Brookhaven has specific hours to offer the applicant we will complete Part 4

Step 4: "Shadow" The interactive part of the interview, A verbal offer for employment may be extended following a successful shadow experience. A written job offer may follow contingent upon a favorable review of background checks.

Step 5: Part 3-Background checks and drug testing forms.

Step 6: When the checks and testing come back the Manager will make a decision to go onto Step 7.

Step 7: Dr.'s note - TB test - and Employee policies. Must be provided before going on the schedule.

Brookhaven appreciates your time in filling out the Pre-Employment Application. If an applicant declines an offer or Brookhaven just does not have appropriate hours please note, we keep all applications on file. It is not unusual to get a call weeks or months later as hours become available. Again, thank you for your time.

Discrimination Read Carefully and sign

"Massachusetts employers are prohibited from discriminating against prospective employees based on race, color, religious creed, national origin, ancestry, sex, gender, identity, age, criminal record, handicap (disability), mental illness, retaliation, sexual harassment, sexual orientation, active military personnel, and genders. In addition, employees have an affirmative responsibility to provide maternity leave to biological and adoptive parents."

A very important part of running a business is filling staff positions. Not only is it wrong and criminal to discriminate based race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record, handicap (disability), mental illness, retaliation, sexual harassment, sexual orientation, alive military personnel, and genetics. It would be a waste of valuable human resources to overlook a potential staff member. Our business simply could't run. It is simple - Brookhaven values hard work, the ability to complete required tasks and honesty.

Our company is committed to a policy of non-discrimination and equal opportunity for all employees and qualified applicants without regard to their race, color, protected genetic information, national origin, ancestry, sex, age, disability, veteran's status, or sexual orientation. It is not only a smart business practice and a moral obligation, but also it is the law. It is possible that a reasonable accommodation may enable a person with a disability to accomplish a job function in a manner that is different for the way an employee who does not have a disability may accomplish the same function. It is important that the applicant be honest and share any insight into their needs. Job descriptions are included. Applicants will review actual Work Routine for the position's for which he/she would like to be considered.

If we don't call you, it could be for a number of reasons:

- 1.) There is no position open for the job for which you applied.
2.) You are not available for the hours needed for the job or.
3.) We believe another applicant to be better qualified for the position available. Rest assured if you are qualified and we have available hours, we will be calling you sooner or later. Initial that you understand and accept this premise.

Brookhaven will select the most qualified applicant available and make decisions to hire or not to hire, based on reasons unrelated to a disability. For example, suppose two people apply for a job as a typist. An essential function of the job is to type 75 words per minute accurately. One applicant, an individual with a disability, who is provided with a reasonable accommodation for a typing test, types 50 words per minute; the other applicant who has no disability accurately types 75 words per minute. The employer can hire the applicant with the higher typing speed, if typing speed in needed for successful performance of the job. Brookhaven looks at an applicant's job experience, presentation, demeanor, availability, skills capabilities as well as background checks.

Staff must be qualified - The ADA (American Disabilities Act) defines "qualified" to mean a person who meets legitimate skill, experience, education, or other requirements of an employment position that she/he holds or seeks, and who can perform the essential functions of the position with or without reasonable accommodation. Requiring the ability to perform "essential" functions assures that an individual with a disability will not be considered unqualified simply because of inability to perform marginal or incidental job functions. If the individual is qualified to perform essential job functions except for limitations caused by a disability, the employer must consider whether the individual could perform these functions with reasonable accommodations. Written job description and routines are provided in advance of interviewing applicants for a job. These, along with information provided in the applications process, represents the essential function of the job.

You do not need to disclose the fact that you may have a disability of any kind. If you have a disability however, and you choose to disclose, Brookhaven Assisted Living LLC may ask questions about your ability to perform specific job functions and may with certain limitations, ask you to disprove or demonstrate how you would perform these functions. It is possible in some cases for us to make a reasonable accommodation. A reasonable accommodation may enable a person with a disability to accomplish a job function in a manner that is different from the way an employee who does not have a disability may accomplish the same function.

Businesses are under no obligation to find a position for an applicant who is not qualified for the position sought. Employers are not required to lower quality standards as an accommodation, nor are they obligated to provide personal use items such as wheelchairs, glasses or hearing aids.

As you, The applicant reads and reviews the Brookhaven job descriptions, requirements and capabilities needed for the job, please consider what reasonable accommodation, if any would be necessary for you to perform the job for which you are applying. Brookhaven is happy to provide reasonable accommodation. It is important for all applicants to represent their abilities, capabilities and needs accurately to ensure a successful application experience and possible job experience.

Considerations: Before going forward with this application you should consider and respond to the following

Brookhaven is a NON-Smoking Health Care property. You will not be able to leave the building during your scheduled hours. Staff must be accessible to the residents. Staff is paid for meal breaks and remain accessible to the residents. Staff cannot report to work with a strong odor of smoke. Do you understand and accept this consideration?

Please think about this policy and be honest with yourself and Brookhaven. It is costly to initiate training. Please don't waste our time and yours. If you can't go without smoking/vaping/etc. for more than two hours, there is no sense in scheduling you for an 8 hour shift. We may however have a 4 hour position that might meet your needs.

Do you smoke? What are your needs?

Employees need to be able to get to work. Do you have reliable transportation to get to work? During snow?

Are you willing to abide by Brookhaven appearance requirements? (mark yes or no)

If you have tattoos, are you willing to cover them?

Are you willing and able to follow a written work routine?

Will you conduct yourself in a way that reflects the best interest, safety and well being of our residents and staff?

Do you agree that profanity is not acceptable in the workplace?

Can you conduct yourself without using profane language at Brookhaven?

Brookhaven Assisted Care has zero tolerance for bullying and causing trouble between staff members

Can you conduct yourself without gossiping and belittling co-workers?

Will you treat residents with patience, respect, empathy and compassion? Anything less will not be tolerated Sign:

Do you understand that it is important to show up for work on time?

Will you be able to show up for work on time?

Can you climb a flight of stairs multiple times during a 4 - 8 hour shift?

Required for Employment: Current TB test and a Note from your Primary Care Dr. Reading that you are physically able to work and note any limitations that might effect job performance or your safety.

Acceptable background checks - Cori and Nurse' Aide Registry. Past Employment and Personal reference will be check. Understood?

Workers' compensation and unemployment benefits may be denied of an employee for deliberate misconduct in violation of the employer's standard rules or enforced policy. See more at: http://www.testcountry.com/statelawsmassachusetts.htm#sthash.smwumnm.dpuf

Brookhaven participates in a Group Adult Foster Care (GAFC) program. This is important to note because it means your pay or part of your pay will be paid to you from The Group Adult Foster Care Agency. Depending on your job category. GAFC is a payment source. The payment source does not effect your work routine. Pleas note the following "Wage Schedule."

Wage Schedule: You may receive wages from one or both sources.

A). Brookhaven Assisted Care pays every two weeks throughout direct deposit. You will need a bank account for direct deposit

B). Currently the GAFC agency pays on the 15th and the last day of each month. It may take about 1 month to receive your 1st check depending on the day of the month you enter the cycle. Sign that you understand:

Per diem employees work on an as-needed basis, often less than full-time employees, with a flexible schedule, and they do not receive benefits. The clear advantage of having such employees is the ability to call on one of them to cover for a temporarily absent employee.

I have read the above Considerations. The information I have provided is true.

Shadowing: Shadowing is an unpaid, interactive interview opportunity.

- \* Shadowing allows a serious candidate to follow one of our experienced and trusted staff during a regular work routine.
- \* The "Shadow" may participate in tasks that are assigned for the specific Work Routine for which you may have interest and are being considered.
- \* The candidate shadowing will be supervised at all times.
- \* Shadowing allows an applicant considering employment at Brookhaven to better judge whether they like a work route and would be capable of doing the job.
- \* Shadowing allows a trainer to demonstrate tasks while offering explanations and insight into the overall job.
- \* The trainer providing the shadow opportunity will observe demeanor and attempt to gain insight into the potential skills and qualities a candidate has stated that they will bring to the job.
- \* The trainer is instructed to demonstrate and explain tasks to the candidate. A trainer will not offer criticism to the person shadowing.
- \* The trainer will report to HR or Manager
- \* Shadows are volunteers and are required to present a current T.B. test and a note for their Primary Care Dr. that they are able to work.
- \* Uniform is not required. However neat, clean, professional attire is a must.

Are you willing to "Shadow" 4-8 hours? \_\_\_\_\_

Training:  
You may bring skills with you. You must be willing to train to learn new skills that we will teach. Regardless, new staff must learn how we do things according to Brookhaven protocols. We have been in business 50+ years. Our standards are high. Our Work Routines and Protocols are reviewed by the Department of Public Health. At Brookhaven we strive to provide quality care to our residents.

It is time consuming and costly to train new employees. It is our intention to identify a serious and reasonable candidate for training and long term employment. It is important that applicants represent capabilities accurately in the written application and the oral interview.

Training consists of approximately 40 hours, depending on the job. During this time the trainer/s will demonstrate tasks required and assess the trainee's ability to follow directions and complete tasks in a timely fashion. If at any time the trainer assesses that the applicant is not able or willing to follow directions and complete tasks in a reasonable amount of time, the General Manager will be notified and training may be terminated. It's important that Brookhaven have staff that perform to our standards.  
Sign that you understand \_\_\_\_\_

Training is paid at the current minimum wage. At the end of a successful training and a total of 3 months on the job, a new staff member will receive a bonus of the difference between minimum wage and the base rate of the job. Example: If the difference is \$2.00/hr and the training is 40hrs the bonus would be \$80.00

I certify that the information I have provided is true. Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicants completing this form may be called back for an interview and to provide more employment information if we have a position for which we think you might qualify. An offer does not mean you are hired. You will be formally notified in writing when you officially are being offered employment. Your application and all documents will be reviewed by Human Resources and the Manager.

**AFFIDAVIT**

I certify that my answers to the above questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application or during any interviews may be grounds for my immediate discharge.

I hereby authorize Brookhaven Assisted Care to contact any company or individual it deems appropriate to investigate my employment history, character, qualifications. I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules regulations of the company.

I understand taking drug and alcohol tests are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination.

I further understand that no one at Brookhaven Assisted Care is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the owner of Brookhaven Assisted Care.

I also understand that my employment is "at-will" and employment may be terminated by myself or by Brookhaven Assisted Care at any time for any reason, with or without prior notice.

I understand that employees may be asked to take a drug test.

I certify that the information I have provided is true.

**\*EMPLOYEE PRE EMPLOYMENT AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

Brookhaven takes safety, health and welfare of our residents and staff very seriously. Brookhaven requires drug testing to help maintain a safe, healthful, and productive work environment. Illegal, illicit drug use poses an immediate risk to health and safety of residents.

Drug testing is mandated to employees with duties to protect life, health and safety, and even the President are subject to drug testing Executive Order 12,564 (5 U.S.C. §2635; 7301). The Supreme Court has ruled that while drug testing does infringe on an employee's privacy, it may be necessary in order to protect the health and safety of others Skinner v. Railway Labor Executives' Assn., 489 U.S. 602 (1989) and in some cases to prevent illegal activities in the work place that derive from drug-related activity. BH will not single out certain groups of employees – for example, by race, age, or gender– for drug testing. Incoming employees can be tested for drugs and as can existing employees. An employer need only to have reasonable suspicion that you have been taking drugs. Reasonable suspicion means that the employer has a legitimate reason, based on logic and facts, to believe that you have been taking drugs, and isn't just guessing, speculating or discriminating against you. Reasonable suspicion can be different in different circumstances.

Examples of reasonable suspicion include but are not limited to:

- Direct observation of drug use
- Physical symptoms of drug use (slurred speech, uncoordinated movement, etc.)
- Abnormal conduct
- A report from a reliable source that an employee is using drugs
- Erratic behavior while at work or significant deterioration in work performance
- Evidence that the employee has used, possessed, sold, solicited, or transferred drugs while working or at work

I hereby agree, upon a request made under the drug/alcohol testing policy of Brookhaven Assisted Care, Inc. to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test. I understand that only duly-authorized Brookhaven officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities. I will hold harmless the Brookhaven, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above. I understand Brookhaven will require me to submit to a drug screen and /or alcohol test if an I am involved in an on the job accident or injury under circumstances that suggest possible involvement or influence of drugs or alcohol in the accident or injury event. ("involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. ) This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Employee's Name - Printed \_\_\_\_\_ Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Applicant comments and questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The next pages (Nurse Aide Registry and CORI) are to be filled out at 2nd part of application. This information is not needed at this time of application. Filling out this next section does not mean you are guaranteed a job at Brookhaven. Sign and date that you understand.

# Brookhaven Assisted Living LLC

Application for Employment background checks      Background Checks:      Interviewer will review with applicant

## Certified Nurse Aide Registry

The Department of Public Health maintains a registry of (1) all certified nursing assistants, home health aides, hospice home health aides, and homemakers who have a finding or adjudicated finding of patient abuse, neglect, mistreatment or misappropriation, or (2) individuals certified as nurse assistance pursuant to federal long term care facility regulations, 42 USC 1396r. Facilities and agencies must contact the registry before hiring individuals.

Brookhaven will submit the appropriate applicant information to the DPH Nurse Aide Registry. The Registry will notify Brookhaven of the individual's status.  
Full Name: \_\_\_\_\_ Full SS#: \_\_\_\_\_

## CORI - Criminal Offender Records Information

CORI checks are performed for all prospective employees, volunteers, students, and contractors, designated/professional visitors of extended duration who may have unmonitored contact with vulnerable populations including children and the elderly, or who may have access to sensitive data, systems, narcotics or intellectual property.

Employment is contingent upon accurately completing all the required criminal history forms. Falsifying information will eliminate an applicant from consideration for employment or affiliation.

Current law prohibits employers from asking job-seekers about prior criminal records as part of an initial written job application. After you compete this application portion, which includes a CORI Acknowledgement form and you have been given a conditional offer of employment, we can ask you if you were ever found guilty of a felony and or about any misdemeanor less than five years ago.

The request for CORI will be submitted to the Department listed below by authorized Brookhaven personnel. Only the Manager will view the CORI. If there is anything concerning? Doubt the CORI, you will be provided a copy before we ask you any questions about the report. The Manager will discuss any concerns with you. This is a criminal background check only and that this report will not necessarily disqualify the applicant.

Description of Background checks has been reviewed with the 4th applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Brookhaven Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## The Commonwealth of Massachusetts Executive Office of Public Safety and Security

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelseas, MA 02150 Phone: 617-660-4640 TTY: 617-660-4606 Fax: 617-660-5973 - [MASS.GOV/VKIS](http://MASS.GOV/VKIS)

Criminal Offender Record Information (CORO) Acknowledgement Form

Brookhaven Assisted Living LLC is registered under the provisions of M.G.L. c.6, 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Brookhaven Assisted Living LLC to submit a CORI check for my information to the DCJIS. This authorization is valid for one year for the date of my signature. I may withdraw this authorization at any time by providing Brookhaven Assisted Living LLC with written notice of my intent to withdraw consent to a CORI check. FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

Brookhaven Assisted Living LLC may conduct subsequent CORI checks within one year of the date this form was signed by me, provided, however, that Brookhaven must first provide me with written notice of this check. By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

Signature of CORI Subject: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant please provide the following information: Print must be legible.

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Last Name

First Name

Middle Name

Maiden name or alias (if applicable) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

Social Security# (last 6 digits) \_\_\_\_\_  No Social Security Number

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Present Full Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Current Full Address: \_\_\_\_\_

Applicant Signature

Date

The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

CORI Request will be submitted and paid for by Brookhaven Assisted Living LLC. Request Submitted by Brookhaven Authorized Personnel. Date: \_\_\_\_\_

*\*Reference Request*

**BROOKHAVEN ASSISTED LIVING LLC**

19 West Main St.  
West Brookfield, MA 01585

Contact Person: Donna Nairn. 508-867-3325

**Applicant:** *Provide following information and signature only.*

Previous Employer Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Name of employee: \_\_\_\_\_ SS#: \_\_\_\_\_ (last 4 digits only)

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

To Whom It May Concern: By signing this form the applicant gives permission for the release of information. This named person has applied at Brookhaven Assisted Care for a position and has given your name as a reference. Please furnish the requested information as completely as possible and return this form via mail or you may fax it Brookhaven at 774-449-8197. We are particularly interested in your comments regarding the applicant's character. All information received will be held in confidence. Thank you for your input.

\_\_\_\_\_  
Applicant Signature Date

**Applicant please do not write below this line**

			Superior	Above Average	Average	Fair	Poor
Quality of Work							
Dependability							
Attendance							
Initiative							
Honesty							
Appearance							
Co-operation							
Reason for leaving your employ							
Would you rehire this applicant?	Yes	No					
Are position held and dates of employment correct as stated above?	Yes	No					
Comments:							

Signature of person providing reference information \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature of Brookhaven personnel authorized to collect and review this information \_\_\_\_\_

Print name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*A copy of this reference or reference will be maintained in the employees's confidential record.*