



United Methodist Elder Care
40 Irving Avenue, East Providence, RI 02914
UMEC is an Equal Opportunity employer. In accordance with State and Federal laws, UMEC does not discriminate against any applicant on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age or disability.

E m p l o y m e n t A p p l i c a t i o n

Last Name		First Name	
Address/ Street	City	State, Zip Code	Phone
Email Address: _____		Date: _____	

POSITION APPLYING FOR:

RN
 CMT
 CNA
 Dietary
 Housekeeping
 Laundry
 Rehab
 Other _____

License Number _____ Expiration _____

Have you had a license suspended or revoked? YES NO

How did you hear about **UMEC**? Advertisement Friend or Relative _____
 Other _____

Have you ever worked for **UMEC** or any of its subsidiary corporations? Yes No

If Yes, which facility _____

Are you authorized to work in the US? Yes No

If you are under 18, can you furnish a work permit? Yes No

Date you are available for work: _____

How many hours per week can you work: _____ Full-time Part-Time Per-Diem

When are you available to work? Days Evenings Nights Weekends Only

Education:

School	City, State	Major/ Field	Graduated/ Degree

Employment Experience:

Job title:	Dates:	to	Supervisor:
Company:			
Address:		Telephone:	
Job Duties:			
Reason for leaving:		May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	

Job Title:	Dates:	to	Supervisor:
Company:			
Address:		Telephone:	
Job Duties:			
Reason for leaving:		May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	

Job Title:	Dates:	to	Supervisor:
Company:			
Address:		Telephone:	
Job Duties:			
Reason for leaving:		May we check this reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial _____	

Professional References: (no family members)

Name	Relationship	Years Known	Telephone

Employment Reference Check:

<p><i>Applicant: Please complete this section</i></p> <p>Authorization for Release of Information: I, _____, hereby authorize (Company name) _____ to release to United Methodist Elder Care the information requested below for the purpose of verifying the employment information that I have provided to United Methodist Elder Care. This information may be provided verbally, by phone, or in writing, via facsimile transmission or email.</p>	
<p>_____</p> <p><i>Applicant's Signature</i></p>	<p>_____</p> <p><i>Date</i></p>

I hereby affirm that all of the information that I have provided on this application is complete and true, and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize UMEC to investigate any information provided in this application that is necessary in making an offer of employment. I understand that this application is not a contract or offer of employment, and if hired, I understand that employment with UMEC is "at will".