



**Aldersbridge Communities**  
**40 Irving Avenue, East Providence, RI 02914**  
*Aldersbridge Communities is an Equal Opportunity employer. In accordance with State and Federal laws, Aldersbridge Communities 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 <b>Aldersbridge Communities</b> ? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend or Relative _____                      |
| <input type="checkbox"/> Other _____   |
| Have you ever worked for <b>Aldersbridge Communities</b> or any of its subsidiary corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| If Yes, which facility _____   |
| Are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Date you are available for work: _____   |
| How many hours per week can you work: _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem                    |
| When are you available to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> 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:**

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

*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 Aldersbridge Communities 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 Aldersbridge Communities is "at will".*