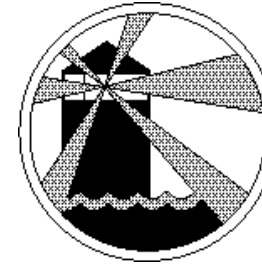


Massachusetts General Laws c. 149 s 19B requires that the following statement be included on employment applications. "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."



HARBOR HEALTH SERVICES, INC.

Application for Employment

Please read the following statements:

I understand that it is my responsibility to completely fill out each and every field of information on this application. I further understand that, if I omit any information or refer the reader to my resume to obtain the information, my application will be considered to be incomplete and may disqualify me from consideration for any position(s) for which I have applied.

I certify that all information that I have provided on this application, or may be required to provide during the interview process, is true and complete to the best of my knowledge. I understand that falsifications, misrepresentations or omission of facts called for in this application or set forth in any written or verbal documentation submitted in connection with this application process may result in denial of employment or immediate dismissal. I understand that completing this application creates no rights, express, or implied, to employment with the Harbor Health Services, Inc.

I understand that if I am employed by the Harbor Health Services, Inc., my employment is for no definite term and that I can be terminated at any time without any reason or notice. I further understand that no verbal promises or guarantees are binding on the Harbor Health Services, Inc. and that no one, other than the President of the Harbor Health Services, Inc., has authority to enter into an agreement for employment contrary to the above, and that any such agreement must be in writing. I give the Harbor Health Services, Inc. permission to investigate of my Criminal Offender Record Information, my employment history, and my motor vehicle history, in order to determine my qualifications for employment. I release the Harbor Health Services, Inc. from any and all liability which may arise from such investigation. I understand that any offer of employment with the Harbor Health Services, Inc. is contingent on a satisfactory investigation of my references and the satisfactory completion of the Harbor Health Services, Inc. health screening requirements.

Signature of Applicant

Date

Name _____
First Middle Initial Last

Street Address _____

Home Phone Number _____ **Business Phone Number** _____

Position title(s) for you are applying: _____

Are you available: Full Time Part Time Weekends Per Diem

How did you hear of Harbor Health Services Inc.?

Newspaper Internet Friend/Relative Agency Worked here before

Other: _____

Do you have any relative(s) employed or who are board members at Harbor Health Services Inc.?

Yes No

*If yes, please give name(s) and location(s): _____

Have you ever been convicted of a felony? Yes No

If yes, please give dates and details of conviction. ("An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.")

Have you been convicted of a misdemeanor within the past five years or finished a period of incarceration for a misdemeanor in the past five years? Yes No

You need not answer "yes" with respect to a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. If you answered "yes", please explain:

Are you authorized to work for wages in the United States? Yes No

If you answered yes, you will be required to present documentation showing your employment authorization and identity.

Prospective employees will receive equal consideration without discrimination because of race, sex, sexual orientation, age, color, national origin, ancestry, marital status, religion, veteran's status or disability.

EMPLOYMENT HISTORY

1.	
Employer _____	Phone Number _____
Address _____	
Job Title _____	Salary/Hourly Rate _____
Supervisor _____	Starting Date _____ Ending Date _____
Work Performed _____	Hours Worked Per Week _____

2.	
Employer _____	Phone Number _____
Address _____	
Job Title _____	Salary/Hourly Rate _____
Supervisor _____	Starting Date _____ Ending Date _____
Work Performed _____	Hours Worked Per Week _____

3.	
Employer _____	Phone Number _____
Address _____	
Job Title _____	Salary/Hourly Rate _____
Supervisor _____	Starting Date _____ Ending Date _____
Work Performed _____	Hours Worked Per Week _____

4.	
Employer _____	Phone Number _____
Address _____	
Job Title _____	Salary/Hourly Rate _____
Supervisor _____	Starting Date _____ Ending Date _____
Work Performed _____	Hours Worked Per Week _____

We may contact the employers listed above unless you indicate those you do not want us to contact.
Do not contact employer number(s): _____ .

EDUCATIONAL BACKGROUND

School	Name & Location of School	Course of Study	No. Years Completed	Did you Graduate	Degree or Diploma
Graduate					
College					
High School					
Current Licenses and Certifications					

Special Courses / Continuing Education / Workshops _____

Special Skills and Qualifications -- Summarize Special Skills and Qualifications Acquired from Employment or Other Experience or Education _____

List Membership(s) in Professional or Civic Organizations _____

List Any Military Experience: Branch _____
 Rank _____
 Date Separated _____

Please list any verifiable work performed on a volunteer basis or any military assignments which you feel are relevant to your work history: _____