

The WESTFIELD
Corporation

Employment Application

DIRECTIONS:

Respond to ALL Questions. If a particular question does not apply to you, or the position to which you are applying, indicate N/A in the appropriate blank. PLEASE PRINT PLAINLY. Incomplete applications will not be considered.

EQUAL OPPORTUNITY EMPLOYER:

The Westfield Corporation will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability or handicap. Any information received on the application will not be used for impermissible purposes.

Name		Last	First	Middle Initial	Social Security No.		Date of Application				
Address				City		State		Zip Code			
How did you hear of job opening?					Home Number		Business Number				
Are employment records pertaining to you kept under any other name? If yes, give full name. <input type="checkbox"/> Yes <input type="checkbox"/> No					If under 18 years of age? Do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No						
In case of emergency notify:			Name			Phone					
POSITION DESIRED											
Position Applied for: (Be Specific)					Salary Expected \$ Per						
Dates Available					<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time				
					<input type="checkbox"/> Summer		<input type="checkbox"/> Temporary				
Shifts Preferred <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> All					Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No						
LICENSE OR CERTIFICATION											
Type	State	Date Received	Last Renewal	Certificate Number			Examination or Reciprocity				
							<input type="checkbox"/>	<input type="checkbox"/>			
							<input type="checkbox"/>	<input type="checkbox"/>			
							<input type="checkbox"/>	<input type="checkbox"/>			
EDUCATION											
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No			Course of Study								
Circle last year of school completed											
1 2 3 4 5 6 7 8 9 10 11 12			College: 1 2 3 4 5 6 7 8			Nursing: 1 2 3 4		Business or Trade: 1 2 3 4			
High School					Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree		Average		
College or Nursing					<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree		Average		
Business or Trade					<input type="checkbox"/> Yes <input type="checkbox"/> No		Degree		Average		

Please check the box that best describes your attendance at your most recent place of employment.

Excellent Good Average

Have you ever previously completed an application for employment with the Westfield Corporation? Yes No When

Have you ever worked for the Westfield Corporation before? Yes No When

Position Title Approximate Dates From: To: Supervisor Reason for leaving

List names of all present and former employers, beginning with most recent. Explain gaps in employment. (attach additional sheet if necessary)

a. Position Title b. Employer & Phone # c. Address Including Zip Codes

a.	From	To		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b.							
c.							
a.	From	To		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b.							
c.							
a.	From	To		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b.							
c.							

SIGNATURE: (Incomplete applications will not be considered)

NOTICE: I understand that this employment application and any other Company documents are not contracts of employment, express or implied, and that if hired, I man voluntarily leave employment, or may be terminated by Company at any time and for any reason, with our without cause. I understand that any oral or written statements to the contrary hereby expressly disavowed and will not be relied upon by me.

The information given by me is certified to be true and complete for all practical purposes and it may be verified by The Westfield Corporation. Should a position be offered and later it is found that the information is untrue, incomplete, or misrepresented, I understand and agree that The Westfield Corporation is relieved of all commitments, financial or other wise pertinent to employment, ad that I am subject to immediate discharge without recourse. I also understand that my employment id dependent upon m supplying proof that I am authorized to work in the United States. It is further understood that I may be offered employment conditioned on my successfully passing a drug test and/or physical exam to the satisfaction of the Company.

The Westfield Corporation is required by law to ask the following questions and may be required by law to report the answers to governmental agencies.

1. Have you ever been convicted and/or been found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any state? If so please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.
 Yes No

2. Have you ever been convicted of: (1) a felony, (2) cruelty to persons, or (3) assault of a victim sixty years of age or older? ? If so please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.
 Yes No

3. Have you ever been sanctioned by a healthcare licensing agency in this or any other state, or in any other United States or foreign jurisdiction? If so please describe the offense, the date and place of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.
 Yes No

“I hereby certify that I have not been convicted and/or found guilty of resident abuse, neglect, or mistreatment, or of misappropriation of resident property in this state or any state and that I am not listed in any resident or patient abuse registry in this state or any state. I understand that my offer of employment that is extended to me by The Westfield Corporation is conditional upon the verification of this information with the state patient abuse registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment.”

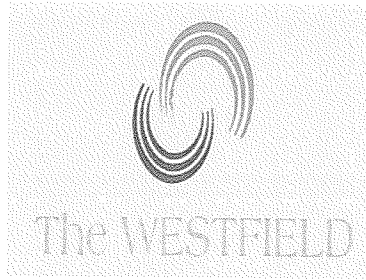
“I further understand that if I’m applying for a position at TWC, any offer of employment by The Westfield Corporation is conditional upon verification of my state certification and License as required. In the event that I have not yet been certified and I am offered employment with The Westfield Corporation, I agree to undertake the required training and competency certification requirements immediately upon commencing employment.”

(Signature of Applicant)

Date

(Print Name as Written Above)

**PLEASE SEE REVERSE SIDE OF THIS PAGE FOR
IMPORTANT INFORMATION.**



Corporation

INVESTIGATION INFORMATION RELEASE AUTHORIZATION

I understand that The Westfield Corporation requires a thorough pre-employment background investigation. This investigation is limited to only that information required to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

DATE

APPLICANT SIGNATURE