

EDUCATIONAL RECORDS

<i>CIRCLE HIGHEST GRADES COMPLETED</i>																	
GRADE SCHOOL & HIGH SCHOOL												COLLEGE OR GRAD SCHOOL					
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
<i>NAME, CITY AND TOWN OF SCHOOLS ATTENDED</i>												<i>MAJOR FIELD</i>					
LAST HIGH SCHOOL																	

LAST COLLEGE / UNIVERSITY OR NURSING SCHOOL																	

GRADUATE SCHOOL																	

TECHNICAL OR VOCATIONAL SCHOOL																	

LIST COURSES YOU ARE NOW ENROLLED IN																	

PROFESSIONAL LICENSE CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRED ON	NUMBER

PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARITAL STATUS, SEXUAL ORIENTATION, DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE AND FEDERAL LAWS.)

**PLEASE READ THE FOLLOWING CAREFULLY
BEFORE SIGNING THIS APPLICATION FORM:**

“I understand that if hired my employment will be on a 90-day introductory basis and that as long as I am employed by Heatherwood Nursing & Rehab Center, my employment may be terminated, with or without cause or notice, at any time, at my option or that of Heatherwood Nursing & Rehab Center. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time which is contrary to the foregoing. I give Heatherwood Nursing & Rehab Center permission to contact any or all of my previous employers and references and authorize them to provide all information requested of them by Heatherwood Nursing & Rehab Center. I authorize Heatherwood Nursing & Rehab Center to obtain, use and rely upon that information in relation to my application and release Heatherwood Nursing & Rehab Center and all providers of such information from all liability in connection with use of such information. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission may disqualify me for further consideration for employment or result in my discharge from employment. If employed by Heatherwood Nursing & Rehab Center, I will abide by its rules and regulations, which I understand are subject to change by Heatherwood Nursing & Rehab Center.”

Employment with Heatherwood Nursing & Rehab Center, is employment-at-will. Commencement of employment is conditioned upon successful completion of a physical exam and criminal background inquiry.

Signature

Date

HMS of Newport, Inc. is subject to
Chapters 28 and 29 of the
RI Workers' Compensation laws.