



# Merry Heart Personnel Corporation

200 State Route 10 W, Succasunna, NJ, 07876  
Tel# 973-584-4000 / Fax# 973-939-8481  
Email: info@merryheart.com

## APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, age, creed, gender, national origin, disability, marital or veteran status, sexual orientations or any other legally protected status.**

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Which Facility?  Merry Heart HCC Succasunna  Merry Heart Home Care  
 Merry Heart Assisted Living  Beverwyck Home of Parsippany

How did you learn about us?  Advertisement  Friend  Walk-in  
 Employment agency  Relative  Other: \_\_\_\_\_

Last Name		First Name		Middle Name	
Address: Number/Street			City	State	ZipCode
Telephone Number		Email Address		Soc. Security No.	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO If YES, when? \_\_\_\_\_

Have you ever been employed with us before?  YES  NO If YES, when? \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Immigration Status or Visa restrictions? (proof of citizenship or immigration status will be required upon employment under law)  YES  NO

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  FULL-TIME  PART-TIME  TEMPORARY  WEEKEND  
 HOLIDAYS  DAY SHIFT  EVENING SHIFT  NIGHT SHIFT

Are you currently on "lay-off" status and subject to recall?  YES  NO

Have you been convicted of patient abuse or assault?  YES  NO

If YES, please explain: \_\_\_\_\_

Has any disciplinary action been imposed on you by a government licensing agency?  YES  NO

If YES, please explain: \_\_\_\_\_

Indicate any foreign languages you can speak, read, and / or write:

Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name of Institution & Address	Course of Study	Year Completed	Diploma / Degree
Elementary School			
High School			
College			
Graduate School / College			
Other			

**License or Certification:**

Type	Number	Issuing Authority / Board	Exp. Date

**NURSES ONLY:**

Malpractice Insurance Provider	Policy Expiration Date

Describe any specialized training, skills, additional certifications / licenses, etc.:

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Summarize any special job-related skills and / or qualifications from employment or other experiences:

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State any additional information you feel may be helpful to us in considering your application:

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LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, sexual orientation or other legally protected status by law:

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## EMPLOYMENT EXPERIENCE

Please indicate employment experience related to the position you are applying for. Start with your present or last job. Include any job-related military service and / or volunteer activities. You may exclude organizations which indicate race, creed, color, religion, gender, national origin, sexual orientations, disability or other protected status.

1. Employer and Address	From	To	Hourly Rate	Description of Duties
Telephone #		Supervisor		
Your Job Title		Reason for Leaving		

2. Employer and Address	From	To	Hourly Rate	Description of Duties
Telephone #		Supervisor		
Your Job Title		Reason for Leaving		

3. Employer and Address	From	To	Hourly Rate	Description of Duties
Telephone #		Supervisor		
Your Job Title		Reason for Leaving		

4. Employer and Address	From	To	Hourly Rate	Description of Duties
Telephone #		Supervisor		
Your Job Title		Reason for Leaving		

5. Employer and Address	From	To	Hourly Rate	Description of Duties
Telephone #		Supervisor		
Your Job Title		Reason for Leaving		

## REFERENCES

**Note: Please do not list any of your relatives as one of your references**

1. Name	Telephone
Address	
2. Name	Telephone
Address	
3. Name	Telephone
Address	

**DO NOT** answer the following question **UNLESS** you have been informed about the duties and requirements of the position for which you are applying.

*Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied?*     YES     NO

### APPLICANT'S STATEMENT

1. I understand that if employed by MERRY HEART my employment may be terminated at any time, with or without cause at the option of either the agency or myself.
2. I understand that neither this application nor any communication by this agency's representative is intended to create or creates a contract for employment or a guarantee of benefits.
3. I certify that the answers given herein are true and complete to the best of my knowledge.
4. I understand that this application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at this time.
5. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate termination.
6. In the event of employment, I understand that I am required to abide by all rules and regulations of MERRY HEART.
7. In the event of employment, I agree that the examining physician may disclose the results of my physical examination to the agency.
8. In the event of employment, I understand that any employment by this agency will be on a three (3) month probationary basis.
9. I understand that this agency has a **zero tolerance policy on illegal drugs** and that this agency reserves the right to perform random drug testing or require drug testing of any employee suspected of using illegal drugs.
10. I hereby authorize MERRY HEART to verify all information provided on this application and / or in the interview(s), as well as contacting my former employers and references. I also hereby release all former employers providing such information, from all liabilities whatsoever, resulting from the disclosure of such information.
11. **FOR LICENSED APPLICANTS ONLY:** I understand that, as part of this application process, MERRY HEART will verify my competence and certification with the appropriate Licensing Registry, and may obtain any and all information contained in the Registry for use in evaluating any application for employment.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Title