

The Residences at Sherburne Commons Employment Application

		Appl	icant	Informa	ation				
Full Name:	Last First			Date:					
				M.I.					
Address:									
	Street Address						,	Apartment/Unit #	ł.
	City					State		ZIP Code	
Phone:				Email					
Date Availal	ble:			Days a	nd hour	s Available:			
Position Applied for:				Employ	/ment D	esired?	Full Time	Part Time	
Desired Sala	ary: <u>\$</u>			Do you	have re	eliable transp	ortation?		
Are you a ci	tizen of the United States?	YES	NO	If no, a	re you a	authorized to	work in the	YES e U.S.? 🔲	NO
Have you e	ver worked for this company?	YES	NO	If yes, \	when?_				
YES NO Have you ever been convicted of a felony? If yes				If yes, e	explain_				
				cation					
High School	l:	A	ddress	:					
From:	To: Di	d you gra	aduate?	YES	NO	Diploma:			
College:		A	ddress	:					
From:	To: Di	d you gra	aduate?	YES	NO	Degree:			
Other:		A	ddress	:					
From:	To: Di	d you gra	aduate?	YES	NO	Degree:			



	Previous E	IIIpioyille	ent				
Company:				Phone:			
Address:			_	Supervisor:			
Job Title:	Starting S						
Responsibili	ties:						
From:	To:	Reason f	or Leaving:_				
May we con	tact your previous supervisor for a reference?	YES	NO 🗆				
Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary:\$			
Responsibilities:							
	To:						
May we con	tact your previous supervisor for a reference?	YES	NO				
_							
Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting Salary: \$ Ending Salary: \$						
Responsibili	ties:						
From:	To:	Reason f	or Leaving:_				
May we contact your previous supervisor for a reference? YES NO							
	Military	Service					
Branch:			From:_	To:			
Rank at Discharge:			Type of Discharge:				
If other than	honorable, explain:						



What miliary skills do you possess that would be an asset for this position:
Additional Information & Licenses
Please list any additional information including education, training, certification, licenses, or skills that are relevant to the position you are applying for:
Do you have a valid drivers license (Class D auto)? YES NO
Disclaimer and Signature
By signing below, I hereby voluntarily authorize The Residences at Sherburne Commons to obtain a background report and investigative consumer report about me from a third-party agency and to consider this information when making decisions regarding my employment at Sherburne. This report may be delivered in either written of electronic form.
I understand that if I am employed by The Residences at Sherburne Commons, this authorization shall remain in effect throughout my employment.
I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.
I understand that employment with The Residences at Sherburne Commons is "at will" and nothing in the interview or hiring process, this application, or policies are intended to create an employment contract.
Signature: Date:

Please return this application to:
administrator@sherburnecommons.org
Phone: (508) 228-4080
40.5688
Application to: administrator@sherburnecommons.org
Application
Ap

40 Sherburne Commons Nantucket, MA 02554



CORI REQUEST FORM

Our Island Home has been certified by the Department of Criminal Justice Information System (DCJIS) for access to conviction and pending criminal case data. As an applicant/employee for The Residences at Sherburne Commons, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME	FI	RST NAME	MIDDLE NAME		
MAIDEN NAME OR ALIAS (If Applicable) PLACE OF BIRTH					
	_	-			
DATE OF BIRTH	SOCIAL SE	ECURITY NUMBER	* ID Theft Index PIN (If applicable)		
FATHER'S Last Name	FATHE	ER'S First Name			
MOTHER'S Last Name	MOTH	ER'S First Name	MOTHER'S Maiden Name		
SEX: RACE: _		_			
Previous Addresses/ lived in:	State				
* *The above information of the contract of th	ohotographic	identification:	_		
* The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.					
OFFICE USE ONLY					
CORI Requested On-Line: _					
	DATE	Received/Filed	Signature of CORI AUTHORIZED EMPL		