



NOTICE TO ALL APPLICANTS FOR HALLKEEN ASSISTED LIVING POSITIONS

Consistent with its duty to provide and maintain a workplace and Assisted Living Communities that are free of recognized hazards, HallKeen Assisted Living Communities (“Company”) has adopted a vaccination policy to safeguard the health and well-being of employees and their families, our residents and visitors, others who spend time in our facilities, and the community from the risks associated with COVID-19.

This policy is intended to comply with all state and local laws. It is based upon guidance provided by the Occupational Safety and Health Administration (OSHA), the Centers for Disease Control and Prevention (CDC) and other public health and licensing authorities, as applicable.

This policy applies to all HallKeen Assisted Living employees. It does not apply to residents and visitors. The policy applies to COVID-19 vaccinations that are available to our employees.

COVID-19 Vaccination Policy

By either September 5, 2021, or sooner to comply with Federal, State, or local mandates issued the Company will expect all employees to either (a) *establish that they have received the first vaccination dose or (b) obtain an approved exemption as an accommodation. The process for seeking an accommodation is explained below. For purposes of this policy, an employee is considered fully vaccinated two weeks after receiving the second dose of a two-dose vaccine (Pfizer or Moderna) or one dose of a single-dose vaccination (Janssen). Employees who do not fulfill one of these two requirements will be placed on unpaid leave and their employment will be subject to termination. To establish that they are fully vaccinated, employees may present a completed COVID19 Vaccination Record Card for inspection by an authorized Company representative. The Company will treat all such information as confidential. To facilitate employees’ ability to receive the vaccination, the Company will consider timely requests for appropriate schedule changes. In accord with its time-keeping policies, the Company will also pay non-exempt employees for time spent receiving the vaccination. Additionally, the Company will reimburse employees for the cost, if any, of receiving the vaccination, contingent upon receipt of appropriate supporting documentation.

***Employees will be required to provide documentation of compliance for second vaccination dose with respect to clinic availability and guidelines but no later than October 20, 2021.**

Effective immediately, All New Hires will be required to comply with the COVID-19 policy as described prior to start date, unless approved for an Exemption or Accommodation. New Hires must provide vaccination documentation prior to start. Employees that have received only first vaccination prior to start date must provide documentation of second vaccination within thirty days of hire to be eligible for continued employment.

Requests for Exemptions as Accommodations

To assist any employee who is disabled, or who has a qualifying medical condition or concern that contraindicates the vaccination, or who objects to being vaccinated on the basis of sincerely held religious beliefs and practices, the Company will engage in an interactive process to determine if a reasonable accommodation can be provided so long as it does not create an undue hardship for the Company and/or does not pose a direct threat to the health or safety of others in the workplace and/or to the employee. To request an accommodation for one of the above reasons, please notify the Vice President of Organizational Development, Laura Holmes in writing at lholmes@halllkeen.com.

Once the Company is aware of the need for an accommodation, the Company will engage in an interactive process to identify possible accommodations. If you believe that you have been treated in a manner not in accordance with this policy, please notify the Company immediately by speaking to the Vice President of Organizational Development, Laura Holmes by phone at (781) 915-3012.

You may request an accommodation without fear of retaliation.

Employee Name: _____

Employee Signature: _____

Date: _____

HallKeen Assisted Living LLC.

1400 Providence Highway
Suite 1000
Norwood, MA. 02062
781-762-4800

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, creed, religion, national origin, ancestry, citizenship, gender, age, marital or veteran status, sexual orientation, gender identity, disability, genetic information, or any other legally protected classification.

Applicants with a disability may be entitled to a reasonable accommodation under applicable law. Please inform our Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

PERSONAL INFORMATION

Full Name _____ Date _____
Last First Middle

Address _____
Number Street Apt City State Zip Code

Telephone () _____ Social Security _____
Home Cell

Position Desired _____ Salary Desired _____ Date Available _____

Are you currently employed? _____ May we contact your present employer? _____

Have you filed an application and/or been employed here before? Yes _____ No _____

If yes to either question, please give dates. _____

Do you have any friends, relatives, or acquaintances working for the company? Y _____ N _____
If yes, state their name & relationship. _____

How were you referred to this Company? _____

Are you legally eligible for employment in the United States? Yes _____ No _____

(You will be required to furnish proof of lawful work status if you are extended a job offer in accordance with the Immigration Reform and Control Act of 1986)

Will you work overtime? Yes _____ No _____

If hired, will you have transportation to/from work? Yes _____ No _____

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations? Yes _____ No _____

If you are applying for any property maintenance position, please be advised that these positions require the lifting and/or moving of heavy equipment & appliances. Are you capable of lifting and/or moving heavy equipment and appliances? Yes _____ No _____

Are you over the age of 18? Yes _____ No _____
List below your work experience (starting with your present or most recent employer) for the last five years or your last three employers, whichever will provide us with the greatest information about you. You may include as part of your employment history any verified work performed on a volunteer basis. Use the reverse side of the application form if you need additional space. Please account for all periods of unemployment in this section.

Employer _____ Telephone _____
Address _____ Employed From _____ To _____
Name of Supervisor/Title _____
Summarize work performed and job responsibilities: _____

Reason for leaving:

Employer _____ Telephone _____
Address _____ Employed From _____ To _____
Name of Supervisor/Title _____
Summarize work performed and job responsibilities: _____

Reason for leaving:

Employer _____ Telephone _____
Address _____ Employed From _____ To _____
Name of Supervisor/Title _____
Summarize work performed and job responsibilities: _____

Reason for leaving:

COMMENTS :

May we contact your present employer at this time? Yes ____ No ____

EDUCATION

Schools	Name & Address of School, and Telephone Number	Did You Graduate?	Course of Study
Graduate			
College			
Business/Trade Of Technical			
High School			

Membership in Professional or Civic organizations, which you consider relevant to your ability to perform the job. (Exclude those which may disclose your race, color, religion or national origin.)

Please indicate any foreign languages you can speak, read or write, and also include your level of skill. _____

REFERENCES

Please list of the name & telephone number of three references who are not related to you.

Name	Telephone	Occupation	Years Known

❖ IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PRE-EMPLOYMENT STATEMENT

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize HallKeen to contact all my employment references and personal references, as well as the education institutions I have attended. I further authorize HallKeen to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release HallKeen and all affiliated persons and entities, as well as any person or institution that provides HallKeen with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of HallKeen or me. I further understand that no representative or agent of HallKeen, other than HallKeen's Vice President of Human Resources, is authorized to provide any employee or employees with an employment contract or special arrangement concerning terms or condition of employment and that any such agreement must be in writing and signed by HallKeen's Vice President of Human Resources. In addition, I understand that HallKeen and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of HallKeen's lawful pre-employment checks, which may include a background check. I agree to execute any consent forms necessary for HallKeen to conduct its lawful pre-employment checks.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed by _____ Date _____

Hired _____ Yes _____ No _____ Date of Employment _____

Hourly Rate/Salary _____ Job Title _____ Department _____

Remarks: _____
