

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE



**PEREGRINE HEALTH MANAGEMENT COMPANY**  
**APPLICATION FOR EMPLOYMENT**

PHMC 129 10-07

Please mail completed application to:  
**Peregrine's Landing**  
**91 East Main St.**  
**Clinton, CT 06413**  
**Tel. 860-669-9300 Fax: 860-669-9700**

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

**Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.**

<b>PLEASE COMPLETE PAGES 1-5.</b>		DATE _____		
Name _____		Social Security No. _____ - _____ - _____		
LAST	FIRST	MIDDLE		
Present address _____		How long at current address? _____ Telephone _____		
Number	Street	City	State	Zip
Previous address _____		How long at previous address? _____		
Number	Street	City	State	Zip
Are you under age 18 ____ YES ____ NO? If "YES", can you provide proof of your eligibility to work? ____ YES ____ NO				
Are you currently authorized to work in the United States? ____ YES ____ NO. Proof of eligibility will be required if hired.				
Position applied for (1) _____ and wage desired (2) _____ (Be specific)		Days/hours available to work		
		No Pref _____	Thur _____	
		Mon _____	Fri _____	
		Tue _____	Sat _____	
		Wed _____	Sun _____	
How many hours can you work weekly? _____				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When are you available to start work? _____				
Have you previously applied for employment with this company? Yes _____ No _____ If yes, provide dates of employment, location, and reason for separation from employment. _____				
EDUCATI ON	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUM BER OF YEAR S COMP LETE D	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

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EMPLOYMENT APPLICATION (cont'd)

Professional School				

INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS:

All Applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Have you ever plead guilty or no contest to, or been convicted of any crime other than the applicable exceptions listed above?  
 No  Yes

Have you ever been arrested for any matters for which you are out on bail or on your own recognizance pending trial?  
 No  Yes

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, explain type(s) of conviction(s), date(s), number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation so that individual circumstances can be considered. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's function and qualifications, the frequency of convictions, the applicants age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

Have you ever initiated an act of violence in the workplace? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.) \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No (answer only if required by the job for which you are applying)

Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during past three years? How Many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Driver's license: (answer only if using as your form of identification)  
number \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

Other form of Identification: \_\_\_\_\_

List all technical skills that you feel qualify you for the job for which you are applying (e.g., computer programming/language, software, equipment operation, special tools or machines, etc.) \_\_\_\_\_

OFFICE POSITIONS ONLY

Typing Yes \_\_\_\_\_ No \_\_\_\_\_ 10 key Yes \_\_\_\_\_ No \_\_\_\_\_ Word Processing Yes \_\_\_\_\_ No \_\_\_\_\_  
WPM \_\_\_\_\_ WPM \_\_\_\_\_

Personal Computer Yes \_\_\_\_\_ No \_\_\_\_\_

Please list two work related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone ( ) _____	Telephone ( ) _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.


HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No  
IF YES, TYPE OF DISCHARGE \_\_\_\_\_  
Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

**WORK EXPERIENCE**

Please list your work experience for the **past seven years** beginning with your most recent job held. Account for all periods of time including any period of unemployment. You may include any verifiable work performed on a voluntary basis, internships, or military service. If you were self-employed, give firm name and business references. **Attach additional sheets if necessary.**

Name of employer Address	Type of business	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From To	Start Final
Your last job title				
Reason for leaving (be specific)				
May we contact? Yes _____ No _____ If No, why not? _____				
If applicable, how much notice did you give when resigning? If none, please explain. _____				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer Address	Type of Business	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From To	Start Final
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Reason for leaving (be specific)				
May we contact? Yes _____ No _____ If No, why not? _____				
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May we contact? Yes _____ No _____ If No, why not? _____				
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Please explain fully all gaps in your employment history in excess of one month. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

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EMPLOYMENT APPLICATION (cont'd)

Did you complete this application yourself  Yes  No If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. if you answered "No" , please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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PLEASE READ CAREFULLY

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**APPLICATION FORM WAIVER**

**As indication that you have read and understood each sentence, please write your initials in the spaces provided below.**

In exchange for the consideration of my job application by Peregrine Health Management Company, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,\_\_\_\_ or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,\_\_\_\_ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.\_\_\_\_ Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason.\_\_\_\_ If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.\_\_\_\_\_

I authorize investigation of all statements contained in this application.\_\_\_\_ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.\_\_\_\_ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.\_\_\_\_\_

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.\_\_\_\_ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.\_\_\_\_\_

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.\_\_\_\_\_

I understand that the Company provides a drug-free workplace and that the Company has the right to conduct pre-employment and/or post employment drug testing.\_\_\_\_\_

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Peregrine Health Management Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Peregrine Health Management Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**Peregrine Health Management Company**



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EMPLOYMENT APPLICATION (cont'd)

**Interviewer Confidentiality Agreement**

This Agreement made as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between Peregrine Health Management Company Senior Community ("Peregrine Health Management Company") and \_\_\_\_\_ (the "Interviewer").

1. **Confidential Information.** Peregrine Health Management Company proposes to disclose certain of its confidential and proprietary information (the "Confidential Information") to Interviewer. Confidential Information shall include all data, materials, products, technology, computer programs, specifications, manuals, business plans, software, marketing plans, business plans, financial information and other information disclosed or submitted, orally, in writing, or by any other media, to Interviewer by Peregrine Health Management Company. Confidential Information disclosed orally shall be identified as such within ten (10) days of disclosure. Nothing herein shall require Peregrine Health Management Company to disclose any of its information.
2. **Interviewer's Obligations.** Interviewer agrees that the Confidential Information is to be considered confidential and proprietary to Peregrine Health Management Company and Interviewer shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with Peregrine Health Management Company, and shall disclose it only to its officers, directors, or employees with a specific need to know. Interviewer will not disclose, publish or otherwise reveal any of the Confidential Information received from Peregrine Health Management Company to any other party whatsoever except with the specific prior written authorization of Peregrine Health Management Company.

Confidential Information furnished in tangible form shall not be duplicated by Interviewer except for purposes of this Agreement. Upon the request of Peregrine Health Management Company, Interviewer shall return all Confidential Information received in written or tangible form, including copies, or reproductions or other media containing such Confidential Information, within five (5) days of such request.

3. **Term.** The obligations of Interviewer herein shall be effective from the date Peregrine Health Management Company last discloses any Confidential Information to Interviewer pursuant to this Agreement. Further, the obligation not to disclose shall not be affected by bankruptcy, receivership, assignment, attachment or seizure procedures, whether initiated by or against Interviewer, nor by the rejection of any agreement between Peregrine Health Management Company and Interviewer, by a trustee of Interviewer in bankruptcy, or by the Interviewer as a debtor-in-possession or the equivalent of any of the foregoing under local law.
4. **Other Information.** Interviewer shall have no obligation under this Agreement with respect to Confidential Information which is or becomes publicly available without breach of this Agreement by Interviewer; is rightfully received by Interviewer without obligations of confidentiality; or is developed by Interviewer without breach of this Agreement; provided, however, such Confidential Information shall not be disclosed until thirty (30) days after written notice of intent to disclose is given to Peregrine Health Management Company along with the asserted grounds for disclosure.

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EMPLOYMENT APPLICATION (cont'd)  
**Peregrine Health Management Company**  
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5. No License. Nothing contained herein shall be construed as granting or conferring any rights by license or otherwise in any Confidential Information. It is understood and agreed that neither party solicits any change in the organization, business practice, service or products of the other party and that the disclosure of Confidential Information shall not be construed as evidencing any intent by a party to purchase any products or services of the other party nor as an encouragement to expend funds in development or research efforts. Confidential Information may pertain to prospective or unannounced products. Interviewer agrees not to use any Confidential Information as a basis upon which to develop or have a third party develop a competing or similar product.
6. No Publicity. Interviewer agrees not to disclose its participation in this undertaking, the existence or terms and conditions of the Agreement, or the fact that discussions are being held with Peregrine Health Management Company.
7. Governing Law & Equitable Relief. This Agreement shall be governed and construed in accordance with the laws of the United States and the State of New York and Interviewer consents to the exclusive jurisdiction of the state courts and U.S. federal courts located there for any dispute arising out of this Agreement. Interviewer agrees that in the event of any breach or threatened breach by Interviewer, Peregrine Health Management Company may obtain, in addition to any other legal remedies which may be available, such equitable relief as may be necessary to protect Peregrine Health Management Company against any such breach or threatened breach.
8. Final Agreement. This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. Only a further writing that is duly executed by both parties may modify this Agreement.
9. Non-Assignment. Interviewer may not assign this Agreement or any interest herein without Peregrine Health Management Company's express prior written consent.
10. Severability. If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.
11. No Implied Waiver. Either party's failure to insist in any one or more instances upon strict performance by the other party of any of the terms of this Agreement shall not be construed as a waiver of any continuing or subsequent failure to perform or delay in performance of any term hereof.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

Name \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Dare: \_\_\_\_\_

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**EMPLOYMENT APPLICATION (cont'd)**  
**Peregrine Health Management Company**  
**Interviewer Confidentiality Agreement Cont'd**

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date