



"Working together for the Health of Our Community"

## Application for Employment

Name (print): \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ FT PT Temp (circle one)

On what date are you available to work? \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Referral Source:  Advertisement  Relative  Walk In  Friend  Current Employee  Other \_\_\_\_\_

If the referral was a current employee, who referred you? \_\_\_\_\_

Have you ever filed an application at GBVHC before, if so when? \_\_\_\_\_ Have you ever been employed at the Health Center, if so when? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Do you have any relatives employed at GBVHC?  Yes  No. If yes, who \_\_\_\_\_

Relationship to the employee? \_\_\_\_\_ Are you under the age of 18?  Yes  No

Do you have the legal right to work in the United States?  Yes  No (according to federal law, work authorization documentation will be required upon employment).

Great Brook Valley Health Center and all of its sites do not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability, genetic information, veteran status, membership in the uniformed services or any other protected status. Also, it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An Employer who violates this law shall be subject to criminal penalties and civil liability. An Equal Opportunity Employer.

### Educational History

Name and Address of High School/College or University (Other)	Number of Years Completed	Course of Study/Degree/Certificate Achieved	Diploma or Degree Received

List any honors you achieved, any certificate program(s) you completed or any professional associations or memberships that you feel are pertinent to this application:

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(Optional) Indicate any languages, other than English, that you speak, read and/or write, but only if your knowledge of a foreign language is relevant to the job responsibilities of the position for which you are applying: \_\_\_\_\_

If hired, are you available to travel between sites, if the position requires it? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
Sometimes

## Employment History

Start with your present or last job. Include military service assignments and you may include any verifiable work performed on a volunteer basis. You may exclude organization names which indicate race, color, religion, sex, or national origin.

Name, Address and Phone Number Employer	Dates Employed From and To	Job Title/Supervisor/ Salary	Briefly describe main job duties	Reason for Leaving	May we contact your employer

Special skill and qualifications relevant to the position that you acquired from employment or other experience: \_\_\_\_\_

**References:** Please list the names, address and telephone number of three professional references who are not relatives and are previous employers:

Organization/Individual	Address	Telephone Number	Relationship	Years Known

## Sealed Record Notice

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record(s)" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all case of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Within the past five years, have you been convicted of a misdemeanor (other than a first conviction for drunkenness, simple assault, specifically, traffic violations, infractions or disturbance of the peace). \_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No If yes, please explain \_\_\_\_\_

## SIGNATURE

Please read the following carefully and then sign below.

It is my understanding that this Employment Application or the granting of an oral interview, does not represent a contract of employment or a promise of current or future compensation benefits by Great Brook Valley Health Center. I understand that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of Great Brook Valley Health Center. I understand that Great Brook Valley Health Center has the authority to enter into any oral agreement for employment for a specific period of time on make any agreement contrary to the foregoing.

I understand that, if I am offered employment by Great Brook Valley Health Center, I will be required to provide evidence of my identity and authorization for employment in the United States prior to commencement of my employment. I further understand that any offer of employment will be contingent upon Great Brook Valley Health Center's receipt of satisfactory results of a pre-employment assessment and pre-employment background check, including references and a CORI check if necessary. I understand that any false statement or omission of facts on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless when discovered by Great Brook Valley Health Center.

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past and present employment, references, education and all data provided by me on this application, in related papers and interviews. I release from all liability all persons, companies, corporations and educational institutions supplying such information. I understand that if I am hired by Great Brook Valley Health Center and my employment subsequently ends, Great Brook Valley Health Center may provide information about my employment to persons in response to job reference request, and I hereby consent to such disclosures.

It is the policy of the Great Brook Valley Health Center, Inc. to reserve the right to require employees to share day, evening, night, and weekend duties in accordance to the requirements of the department to which they are assigned, and to reassign employees in accordance with the needs of the Health Center.

I understand that false answers, statements or material omissions made by me on this form shall be ground for denial of employment or discharge, regardless of when discovered by Great Brook Valley Health Center.

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

### For Human Resources Use Only

Hire Date: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Salary: \_\_\_\_\_ Social Security # \_\_\_\_\_ Department/Location/Supervisor \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(GBVHC 10/2009)

