

Community Health Center of Franklin County

338 Montague City Road, Turners Falls, MA 01376

Telephone: (413) 772-3748 Fax: (413) 774-3072

Health
Care
is a
Right



Employment Application An Equal Opportunity Employer

Date of Application: _____

This application was designed for use with several positions and some questions may not be completely applicable to the position for which you are applying.

So that you will received full consideration for opportunities at the Community Health Center of Franklin County, Inc., please answer all questions. If information is missing, your application may be rejected. If you have a resume please transfer all relevant data to this form.

Your application will remain valid and will receive consideration for open positions for three months from the application date.

Personal Data

1. Name: _____ Social Security #: _____

2. Address: _____ Phone #: _____

Daytime #: _____

3. How were you referred to us? City State Zip Newspaper Walk In Agency School Employee Other

4. Name of referral source: _____

5. Are you over 18 years of age: Yes No

If under 18 can you, after employment, submit a work permit? Yes No

6. State name(s) of any relative(s) in our employ and your relationship to them: _____

7. Are you legally authorized to work in the United States? Yes No

Note: Federal laws require employers to hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the Community Health Center of Franklin County, Inc. will verify the status of every individual offered employment with the company. All offers of employment are subject to verification of the applicant's identity and employment authorization, and will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Position Availability

1. Indicate position for which you are applying: _____

2. Do you want to work Full Time Part Time

If part time, specify days and hours: _____

3. Are you willing to work overtime as necessary? Yes No

4. Salary desired: _____

5. Have you ever been employed with us before? Yes No

If yes, please specify position and location: _____

6. Is there anything that would prevent you from performing, in a safe and reasonable manner; the activities involved in the position for which you have applied? Yes No

If yes, please explain: _____

Employment History

1. List below the names of your last three employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or most recent employer first.

*Employer: _____ Start Date: _____ End Date: _____
Address: _____ Reason for Leaving: _____
Title/Nature of Work: _____
Name/Title of Immediate Supervisor: _____

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Address: _____ Reason for Leaving: _____
Title/Nature of Work: _____
Name/Title of Immediate Supervisor: _____

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Address: _____ Reason for Leaving: _____
Title/Nature of Work: _____
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*Employer: _____ Start Date: _____ End Date: _____
Address: _____ Reason for Leaving: _____
Title/Nature of Work: _____
Name/Title of Immediate Supervisor: _____

2. Are you employed now? Yes No
 If yes, may we contact your present employer? Yes No
3. Do you have any commitments with another employer, which might affect your employment with us?
 Yes No
4. Are you subject to any restrictive covenants from prior employment such as agreements to protect confidentiality or proprietary information or agreements not to compete? Yes No
 If yes, please explain: _____

References

Provide the following information regarding three (3) people not related to you, who have known you longer than one (1) year.

Name: _____	Business: _____
Address: _____	Years Acquainted: _____
_____	Phone Number: _____
Name: _____	Business: _____
Address: _____	Years Acquainted: _____
_____	Phone Number: _____
Name: _____	Business: _____
Address: _____	Years Acquainted: _____
_____	Phone Number: _____

Educational Information *Please complete all appropriate items*

*High School or Trade School: _____

Location: _____

*Business or Tech School: _____

Location: _____

Major or Course of Study: _____ Graduated (date): _____ Degree: _____

*College: _____

Location: _____

Major or Course of Study: _____ Graduated (date): _____ Degree: _____

*College: _____

Location: _____

Major or Course of Study: _____ Graduated (date): _____ Degree: _____

*Other Training (explain): _____

Location: _____

Major or Course of Study: _____ Graduated (date): _____ Degree: _____

Professional Information: *(If applicable)*

Professional Licensure: _____ License No: _____

Effective Date: _____ Expiration Date: _____

Registry of Certification: _____ Registration No: _____

Effective Date: _____ Expiration Date: _____

Out-of-State Licenses: _____ License No: _____

Is Massachusetts Registration Pending? Yes No

Academic Achievements and Activities

Note: *Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (Excluding those indicating race, color, religion, national origin)*

Miscellaneous

- 1. Are you, or have you been, in the U.S. Armed Forces? Yes No
 - 1a. If yes, what branch? _____
 - 1b. Briefly describe your duties: _____

Note: *This company does not discriminate on the basis of National Guard or Reserve Unit duty obligations.*

Please list any other information you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. *(Excluding those indicating race, color, religion, national origin)*

- 1. _____

Indicate what languages you speak, read, and/or write.

	<u>Fluently</u>	<u>Good</u>	<u>Fair</u>
<u>Speak</u>	_____	_____	_____
<u>Read</u>	_____	_____	_____
<u>Write</u>	_____	_____	_____

Criminal History

- 1. Have you ever been convicted of a felony? Yes No
 If yes, please explain on the reverse of this form.

- 2. Have you ever been convicted of a misdemeanor during the past five years? Exclude first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbing the peace.
Yes No
 If yes, please explain on the reverse of this form.

- 3. Have you completed a period of incarceration within the past five years for any misdemeanor (other than first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbing the peace).
Yes No

- 4. If the answer to any of the above questions is yes, please state whether you were convicted more than 5 years ago for any offense (other than first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbing the peace). Yes No

Note: *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. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests or criminal court appearances and adjudication in all cases 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. A conviction will not necessarily disqualify you for the job for which you have applied.*

Pre-Employment Statement (Please read carefully and sign the statement below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume, or any other materials, or during any interviews can be justification for refusal of employment, or if employed, termination from the Community Health Center of Franklin County, Inc.'s employ.
2. Any offer of employment I may receive from the Community Health Center of Franklin County, Inc. is contingent upon my successful completion of the company's total pre-employment screening process; including the company's receiving references that it considers satisfactory and completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams, I may be required to take, disclosed to the Community Health Center of Franklin County, Inc.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol and/or drug screening at anytime at the discretion of the Community Health Center of Franklin County, Inc. I hereby consent to having the results of any such alcohol and/or drug screening, I may be required to undergo, disclosed to the Community Health Center of Franklin County, Inc.
4. I authorize and request that all my former and present employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that the Community Health Center of Franklin County, Inc. will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both an authorized representative of the Community Health Center of Franklin County, Inc. and myself. I further acknowledge that I am expected to abide by all company rules, regulations, and policies, written or unwritten, but that such rules, regulations, and policies do not create a contract between me and the company or otherwise restrict the right of either party to terminate the employment relationship.

Signature

Date

Note: *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.*

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CORI REQUEST FORM

Agency Code: **CHCFC**
Fee Code: **EOHHS (Free)**

Community Health Center of Franklin County has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for CHCFC, 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 SIGNATURE

(Unless otherwise preempted by law)

=====

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT):

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ft. _____in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE
FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC
IDENTIFICATION: _____.*

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

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WRITTEN REQUEST FOR REFERENCE

(Confidential)

I hereby authorize the release to Community Health Center of Franklin County, Inc. any pertinent information regarding my previous employment.

Applicant Signature

Date

Applicant, Do Not Write Below This Line

Name: _____ **SSN:** _____

Has applied to us for employment as _____ and has stated that s/he was in your employ from _____ to _____ in the capacity of _____ . Please complete the following form and return it to us in the self-addressed envelope at your earliest convenience. Thank you

Misty Wyman-Ferrer, Administrative Director

Date of Employment _____

Date of Termination: _____

Position Held: _____

Reason for Termination: _____

Please Check	Exceeds Standards	Meets Standards	Below Standards
Quality of Work			
Confidentiality			
Attendance			
Dependability			
Cooperation			
Initiative			
Judgment			

Eligible for Rehire? Yes . No

If not, why: _____

Signature: _____ Title: _____

Company Name: _____