

EMPLOYMENT INFORMATION

Please provide a complete list of employment or verifiable volunteer service starting with your most recent employer. Please do not write "See Resume" on any line.

Employer's Name _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

Length of Employment: From _____ To _____

Position Held _____ Salary \$ _____

Supervisor's Name _____

Reason for leaving _____

Employer's Name _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

Length of Employment: From _____ To _____

Position Held _____ Salary \$ _____

Supervisor's Name _____

Reason for leaving _____

Employer's Name _____ Telephone No. _____

Address _____ City _____ State _____ Zip _____

Length of Employment: From _____ To _____

Position Held _____ Salary \$ _____

Supervisor's Name _____

Reason for leaving _____

EDUCATION and TRAINING

	Name & Address of School	Number of Years Completed	Did You Graduate?	Type of Degree/ Diploma
High School	_____	_____	_____	_____

College	_____	_____	_____	_____

Graduate School	_____	_____	_____	_____

Other Education or Training	_____	_____	_____	_____

Subjects of Special Study or Research Work _____				

Licensed/Registered/Certified Applicants Only

Type _____ Reg. No. _____ Exp. Date _____ State _____

What languages other than English do you speak fluently? _____ Read? YES NO

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? YES NO If yes, what branch? _____
 Dates of duty: From _____ To _____ Rank at Separation _____
 Briefly describe duties: _____

Note: Upham’s Corner Health Center 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. Do **not** include any information of age, sex, race, religion, color national origin and handicap.

Please provide the names and telephone numbers of 3 professional references (who are not relatives) whom we may contact for further information.

1. Name _____ Years Known _____
 Telephone No. _____ Relationship _____

2. Name _____ Years Known _____
 Telephone No. _____ Relationship _____

3. Name _____ Years Known _____
 Telephone No. _____ Relationship _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 16 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

It is the policy of Upham's Corner Health Center to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in the above employment application and any other materials provided by me are true and complete. I understand that falsified statements or omissions of any kind may disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Upham's Corner Health Center. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that if I am hired I will be considered an at-will employee.

Unless otherwise noted, I authorize Upham's Corner Health Center or its agent to verify with all persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Upham's Corner Health Center with any relevant information that may be required to arrive at an employment decision. I release from all liability anyone supplying such information and I also release Upham's Corner Health Center from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant _____ Date: _____
If printed name above, it constitutes as an electronic signature

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.

EQUAL OPPORTUNITY EMPLOYER