

HOLYOKE HEALTH CENTER, INC.

230 Maple Street – P.O. Box 6260

Phone: 413-420-2200 - TTY: 534-9472

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 receive full consideration for opportunities at the Holyoke Health Center, please answer all questions. If information is missing, your application may be rejected.

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

Personal Data

1. Name _____

Last

First

Middle

2. Address _____ Phone No. () _____

3. _____ Daytime No. () _____

City

State

Zip

4. How were you referred to us? Newspaper Ad Walk In Agency School Employee Other

5. Name of referral source _____

6. Are you over 18 years of age? Yes No

If no, are you over 16 years of age? Yes No

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

8. 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 Holyoke Health Center 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 it 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 all your employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or most recent employer first. You may use the reverse side of this application, if necessary.

1.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT		REASON FOR LEAVING	TITLE/ NATURE OF WORK	NAME/TITLE OF IMMEDIATE SUPERVISOR	REFERENCE CHECKED BY: (company use only)
		FROM	TO				

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 effect 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 3 persons not related to you who have known you longer than 1 year:

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED	REFERENCE CHECKED BY: (company use only)
1.				
2.				
3.				

EDUCATIONAL DATA

Please complete all appropriate items

Type of School	Name and Location of School	Major or Course of Study	Graduated (Yes or No)	Degree
High or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Tech School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College (s)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training (Explain)				

Professional Information (if applicable)

Professional Licensure _____ License No. _____
 Effective Date _____ Expiration Date _____
 Registry or 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. (Exclude those indicating race, color, religion, national origin)

MISCELLANEOUS

1. Were you in the U.S. Armed Forces? Yes No

1a. If yes, what branch? _____

1b. Dates of duty? From: _____ To: _____

1c. Rank at separation: _____

1d. Briefly describe your duties: _____

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

2. 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. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, disability or handicap.

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

FLUENTLY

GOOD

FAIR

SPEAK

READ

WRITE

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 misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination for the Holyoke Health Center's employ.
2. Any offer of employment I may receive from the Holyoke Health Center 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 my satisfactory 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 Holyoke Health Center.
3. I understand that as a condition of employment, I will be required to submit to a drug screen. I understand that if my pre-employment test results are positive, or if I fail to undergo the pre-employment drug screen within the time allotted, my application will not be considered further. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Holyoke Health Center. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the Holyoke Health Center.

4. I authorize and request that all of my present and former 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 Holyoke Health Center 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 me and an authorized representative of the Holyoke Health Center. 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.

Employment Reference Check

Name of applicant: _____ Position interviewed for: _____

Company: _____ Phone: _____

Contact: _____ Title: _____

1. The above individual has applied for employment, and we would like to verify information given to us by him/her.

a. Dates of employment: from _____ to _____
Mo./Day/Yr. Mo./Day/Yr.

b. Position held: _____ Salary: \$ _____

c. Please describe what this person's job duties are/were at your company:

d. Did he/she have supervisory responsibilities? Yes No

2. Rate him/her as follows:	Excellent	Good	Satisfactory	Unsatisfactory	Explanation
a. Quality of work:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Technical ability:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Initiative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Ability to get along with others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Attendance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Attitude:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Overall job performance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Did this person perform his/her job effectively? What ways could he/she develop as an employee?

4. Why did they leave this position? _____

5. Would you reemploy? Yes No

6. Remarks: _____

PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

As a condition for an application to be considered, applicants must understand and agree to submit to a drug screen as a precondition of employment by the Holyoke Health Center. An applicant who tests positive for illegal use of drugs will not be hired. An Applicant who refuses to submit to a drug test or who interferes with the test will not be hired.

The Holyoke Health Center will pay the cost of the initial pre-employment drug screen. Any additional treatment or cost relating the results of the testing is the applicant's responsibility.

The Human Resources Department will maintain the negative and positive results of the pre-employment drug screen results and they will be kept confidential.

I understand the above conditions and hereby agree to comply with them. I, hereby, give full consent to undergo a drug screen as a condition of employment with the Holyoke Health Center. I further authorize the Holyoke Health Center's designated testing facility to release to the Human Resources Department, all test results conducted as part of the pre-employment drug screen.

Applicant Signature

Date

Print Last Name

First Name

Middle Initial

I refuse to consent to the requested drug screen and understand that this refusal is considered a voluntary withdrawal of my application for six (6) months from this date.

Applicant Signature

Date

Print Last Name

First Name

Middle Initial