



# Application for Employment

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) City/Town (State) (Zip Code)

Previous Address if less than 5 years:

Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

If you are under 18 years of age, do you have  
a valid work permit? Yes ☐ No ☐

I was referred to your  
company by:

Newspaper ☐ School ☐  
Agency ☐ Other ☐  
Employee ☐ \_\_\_\_\_

Do you have any relatives employed by  
this company? Yes No ☐ ☐

Have you ever been employed by  
this company? Yes ☐ No ☐  
If Yes, please state when and by what name if different from  
above: \_\_\_\_\_

If Yes, Employees Name: \_\_\_\_\_

Are you either a citizen of the United States or a legal alien who has the right to work in the United States?  
(You will be required to produce proof of your right to  
work following a conditional offer of employment.) Yes ☐ No ☐

## Employment Desired

I am applying for the following positions:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

I am available to work the following shifts (check all that apply):

Sun <input type="checkbox"/>	Wed <input type="checkbox"/>	Sat <input type="checkbox"/>	Days <input type="checkbox"/>	Full Time <input type="checkbox"/>
Mon <input type="checkbox"/>	Thur <input type="checkbox"/>	Weekends <input type="checkbox"/>	Evenings <input type="checkbox"/>	Part Time <input type="checkbox"/>
Tue <input type="checkbox"/>	Fri <input type="checkbox"/>	Holidays <input type="checkbox"/>	Nights <input type="checkbox"/>	Per Diem <input type="checkbox"/>

(It is not necessary for you to identify unavailability for work because of religious observances or practice. Subsequent to any job offer, we will consider whether or not a reasonable accommodation can be made).

Number of hours  
per Week: \_\_\_\_\_

If Hired ,  
I am available to start: \_\_\_\_\_

### ***We are an Equal Opportunity Employer***

*Federal and/or State laws prohibit discrimination in employment because of sex, age, race, color, religion, creed, sexual orientation, national origin, ancestry, service in the armed forces of the United States, disability or any other protected classification.*

**Employment History** - Please list all employers, beginning with your most recent employer. You may include as part of your employment history any verifiable work performed on a volunteer basis.

Employer:	Title of Position Held:
Address: _____ _____ _____	Supervisors Name _____ Phone Number _____
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed: From: _____ To: _____	Nature of Duties: _____ _____ _____
Base Salary or Wage Starting _____ End _____	Reason for Leaving: _____
Employer:	Title of Position Held:
Address: _____ _____ _____	Supervisors Name _____ Phone Number _____
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed: From: _____ To: _____	Nature of Duties: _____ _____ _____
Base Salary or Wage Starting _____ End _____	Reason for Leaving: _____
Employer:	Title of Position Held:
Address: _____ _____ _____	Supervisors Name _____ Phone Number _____
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed: From: _____ To: _____	Nature of Duties: _____ _____ _____
Base Salary or Wage Starting _____ End _____	Reason for Leaving: _____
Employer:	Title of Position Held:
Address: _____ _____ _____	Supervisors Name _____ Phone Number _____
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed: From: _____ To: _____	Nature of Duties: _____ _____ _____
Base Salary or Wage Starting _____ End _____	Reason for Leaving: _____

Education					
School Attended	Name	City, St, Zip Code	Level Completed	Degree	Completed
High School					
College					
Business or Trade School					
Graduate School					
Military Service					

### Other Skills & Experience

(Please list any job related skills and/or computer knowledge or special training you have.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typing \_\_\_\_\_ words/minute      Medical Terminology    Yes ☐    No ☐

Types of Computers used: \_\_\_\_\_

Software/Computer Language Known: \_\_\_\_\_

### Professional Licensure/Certification

(Please list any license and/or certifications that you have.)

Name of License/Certification	Number	Expiration Date
_____	_____	_____

In the past five years, have you had any interaction with the Board of Registration regarding your professional license, in this state or any other state?    Yes ☐    No ☐

If "yes," please describe the interaction: \_\_\_\_\_

### Volunteer Experience - Please list all unpaid and verifiable volunteer experience.

Company: _____	Date(s) _____	Duties: _____
Company: _____	Date(s) _____	Duties: _____

*It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or for continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

## THIS COMPANY DOES CORI CHECKS

In accordance with Chapter 256 of the Acts of 2010, all questions relating to felonies and misdemeanors resulting in criminal convictions, incarcerations, and arrest have been removed from this application. However, please be aware this organization is required under Chapter 6, Section 172E to complete Criminal Offender Record Information (CORI) requests and this status as well as other federal regulations prevents this company from hiring and/ or retaining employees who have certain violations of these classifications.

## REFERENCES

Please indicate a person that is able to comment on your work performance and your personal character:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### ACKNOWLEDGEMENTS & Affirmations

After completing the application, please read carefully and sign below.

1. I give permission to Holy Trinity to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal. I further agree to release and hold harmless all persons and entities from liability for doing so.

5. In the event of my employment, I agree to comply with all facility rules and regulations as they may be changed from time to time. I understand that this application, nor any other facility document, constitutes an offer or contract of employment. I further understand that my employment is for no stated term and may be terminated with or without cause or notice, at will, by the Holy Trinity or myself.

2. I understand that any offer of employment made to me is conditioned based on satisfactory results of a physical examination given by medical personnel approved by Holy Trinity and to undergo such an examination in the event I am offered employment. I also agree to take a physical examination at other times as required by the facility during my employment.

6. In the event of resignation or termination, I agree to return all property loaned to me (i.e. badges, uniforms, library books, keys, etc.). If these items are not returned, the facility may withhold from any final compensation due me, monies to cover the value of any UN-returned property.

3. I understand that any offer of employment made to me is conditioned based on satisfactory results of a Criminal Offender Registry Check (CORI) in accordance with the above mentioned guidelines and policies of Holy Trinity.

7. I understand that any offer of employment is conditioned on my submission of satisfactory proof of legal eligibility to work in the United States.

4. I agree that any personal property carried by me to/ from the facility premises, including packages, briefcases or other handcarried items may be inspected by authorized personnel.

8. I understand it is the policy of Holy Trinity, to require all employees to share day, evening, night, weekend and holiday duties in accordance with the needs of the department and facility.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for the facility to request any information concerning my application.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_