



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT DRUG SCREEN IS REQUIRED

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____
(If Nursing, what department)

Referral Sources: Advertisement Walk-in Employment Agency

Friend Relative Other
(Name of Friend) (Name & Relationship of Relative)

Name
LAST FIRST MIDDLE

Address
NUMBER STREET CITY STATE ZIP CODE

Telephone () Social Security Number
AREA CODE

Can you furnish a work permit if you are under 18? Yes No N/A

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here or at another UHS Facility? Yes No If Yes, when, where? _____

Do you have any relatives currently employed here? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No Minimum Salary Requirements: _____
(Proof of citizenship or immigration status is required upon employment)

On what date are you available for work? _____

Are you available to work Full-time Part-time Per Diem Temporary Weekends

Shift: 1st 2nd 3rd 7 am - 7 pm, where available 7 pm - 7 am, where available

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No *(Conviction does not necessarily disqualify applicant from employment)*

Have you ever had your professional license suspended or revoked? Yes No Not applicable

Veteran of U.S. Military Service? Yes No If Yes, Branch _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D/

Name: Last Middle First

EDUCATION

Professional License Number	Date Acquired	Comments
	Expiration Date	
Professional License Number	Date Acquired	Comments
	Expiration Date	
Professional License Number	Date Acquired	Comments
	Expiration Date	

School Name	Elementary	High	College / University	Graduate / Professional
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Date Degree Received				
Describe Course of Study				

Honors & Awards	
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Skills, Training, Etc.

Describe Specialized Training, Apprenticeship, Skills with number of years experience Describe Extra-Curricular Activities	
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State any additional information you feel may be helpful to us in considering your application

The primary requirement of most positions is English
(Optional) Indicate any other languages you speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held (You may exclude those which indicate race, color, religion, sex or national origin)

EMPLOYMENT EXPERIENCE: Indicate any other name under which you have worked.

Please complete the following, even if you are attaching a resume. Start with your present or last job. Include military service assignments and volunteer activities.

1

Employer	Dates Employed		Work Performed
Address	From Month / Year	To Month / Year	
City State Zip			
Telephone Number ()			
Job Title	Base Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

2

Employer	Dates Employed		Work Performed
Address	From Month / Year	To Month / Year	
City State Zip			
Telephone Number ()			
Job Title	Base Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

3

Employer	Dates Employed		Work Performed
Address	From Month / Year	To Month / Year	
City State Zip			
Telephone Number ()			
Job Title	Base Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

4

Employer	Dates Employed		Work Performed
Address	From Month / Year	To Month / Year	
City State Zip			
Telephone Number ()			
Job Title	Base Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Applicant's Certification and Agreement

(Please Read Carefully)

In consideration of being employed, I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. The employer has my authorization to thoroughly investigate my work and personal and credit history and I hereby consent to take any test, whenever the employer deems it necessary in any employer investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation.
3. If employed, I may terminate my employment at any time without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the employer, and I understand that no department head or representative of the employer, other than the President of the Company, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug tests on me, and I hereby give my consent to having all information released for the employer to determine my abilities to perform job duties now or in the future. I also give my consent to physical searches of myself and my brief case, lunch box, car, locker or any packages or purse I have while on the employer's premises, whether or not I have a lock on such items.
5. The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions of employment.
6. The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on my employment application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated, the employer is liable only for wages or salary earned as of the date of termination.
8. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
9. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

If employed, I understand that I must abide by the Company's established Service Excellence standards and realize that service excellence is a priority of this Company.

Date: _____ Signature of Applicant: _____

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 liabilities.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Interviewer Date _____

Job Title _____ Hourly Rate/Salary _____ /Dept. _____

By _____

Name and Title

Date