

COMMUNITY HEALTHLINK, INC. EMPLOYMENT APPLICATION

Date _____

POSITION(S) applied for - list in order of preference:		
1. _____	2. _____	3. _____

PERSONAL

Last Name		First Name		Middle Initial		Maiden Name (If applicable)			
Address (Number & Street, Apartment or Box No.)				City		State		Zip Code	
Home Phone		Work Phone		Cell/Mobile Phone		Best Way to Contact			
E-mail Address									
Desired Type of Employment		Desired Shift		Are you eligible to work in the U.S.?			Are you age 18 years or older?		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		<input type="checkbox"/> 1 st (7am – 3pm) <input type="checkbox"/> 2 nd (3pm – 11pm) <input type="checkbox"/> 3 rd (11pm – 7am) <input type="checkbox"/> Varied (Any)		<input type="checkbox"/> Yes <input type="checkbox"/> No Proof of citizenship or immigration status will be required upon employment.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been previously employed by Community Healthlink?				If yes, list dates employed:				Desired Salary	
<input type="checkbox"/> Yes <input type="checkbox"/> No				From: _____		To: _____			
				Program(s): _____					
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No									
(An applicant for employment, with a sealed record on file with the commissioner of probation, may answer "no record" with respect to an 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, court appearances, and adjudications in all cases of delinquency as a child in need of services that did not result in a complaint transferred to the superior court for criminal prosecution.)									
If Yes, Please Explain. (Will not necessarily exclude you from consideration.)									

EDUCATION

School/Institution (Specify)	Location (City, State)	Did you Graduate?	Major/Area of Study	GPA	Degree / Date of Graduation
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			Degree:
					Date of Graduation:
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			Degree:
					Date of Graduation:
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled			Degree:
					Date of Graduation:
Business/Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No			Degree:

		<input type="checkbox"/> Currently Enrolled			Date of Graduation:
Other		<input type="checkbox"/> Yes			Degree:
		<input type="checkbox"/> No			Date of Graduation:
		<input type="checkbox"/> Currently Enrolled			

WORK EXPERIENCE

Are you currently employed? Yes No
 If yes, may we contact your present employer? Yes No

Begin with present or most recent employer and list prior employers. You may include any verifiable work performed on a voluntary basis.

1. Name of Employer		Address		City		State	Zip Code
Dates Employed		Salary		<input type="checkbox"/> Full-Time		Your Job Title	
From:	To:	Start:	End:	<input type="checkbox"/> Part-Time			
				<input type="checkbox"/> Temporary			
Phone		Supervisor's Name			Supervisor's Title		
Describe Major Duties				Reason For Leaving			
2. Name of Employer		Address		City		State	Zip Code
Dates Employed		Salary		<input type="checkbox"/> Full-Time		Your Job Title	
From:	To:	Start:	End:	<input type="checkbox"/> Part-Time			
				<input type="checkbox"/> Temporary			
Phone		Supervisor's Name			Supervisor's Title		
Describe Major Duties				Reason For Leaving			
3. Name of Employer		Address		City		State	Zip Code
Dates Employed		Salary		<input type="checkbox"/> Full-Time		Your Job Title	
From:	To:	Start:	End:	<input type="checkbox"/> Part-Time			
				<input type="checkbox"/> Temporary			
Phone		Supervisor's Name			Supervisor's Title		
Describe Major Duties				Reason For Leaving			

MILITARY SERVICE

Branch	Start Date	End Date	Highest Rank Attained	Duties

LICENSES/CERTIFICATIONS HELD (Please check all that apply; Selection required)

PhD <input type="checkbox"/>	LICSW <input type="checkbox"/>	NP <input type="checkbox"/>	PT <input type="checkbox"/>	CAGS <input type="checkbox"/>
PsyD <input type="checkbox"/>	LCSW <input type="checkbox"/>	RNCS <input type="checkbox"/>	OT <input type="checkbox"/>	MAPS <input type="checkbox"/>
EdD <input type="checkbox"/>	LMHC <input type="checkbox"/>	RN <input type="checkbox"/>	SLP <input type="checkbox"/>	CPR <input type="checkbox"/>
None <input type="checkbox"/>	LMFT <input type="checkbox"/>	LPN <input type="checkbox"/>	ABA <input type="checkbox"/>	None <input type="checkbox"/>
Other: _____	LADC - I <input type="checkbox"/>	CNA <input type="checkbox"/>	None <input type="checkbox"/>	Other: _____
	LADC - II <input type="checkbox"/>	EMT <input type="checkbox"/>	Other: _____	
	None <input type="checkbox"/>	None <input type="checkbox"/>		
	Other: _____	Other: _____		

FOREIGN LANGUAGE PROFICIENCY

	LEVEL OF PROFICIENCY							
	ORAL				WRITTEN			
	Fluent	Good	Fair	N/A	Fluent	Good	Fair	N/A
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PORTUGUESE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIETNAMESE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANDARIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (please indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SKILLS/QUALIFICATIONS

Please list other job related skills and qualifications:

SUMMARY

In a brief statement, in your own words, please describe why you are an ideal candidate for the position(s) for which you are applying for at Community Healthlink, Inc.

REFERENCES

REFERENCE 1	REFERENCE 2	REFERENCE 3
NAME:	NAME:	NAME:
TITLE:	TITLE:	TITLE:
COMPANY:	COMPANY:	COMPANY:
RELATIONSHIP TO APPLICANT:	RELATIONSHIP TO APPLICANT:	RELATIONSHIP TO APPLICANT:
PHONE:	PHONE:	PHONE:
EMAIL:	EMAIL:	EMAIL:

*** WE ARE AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER AND DO NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, GENDER, AGE, VETERAN STATUS, SEXUAL ORIENTATION, DISABILITY OR ANY OTHER CATEGORY PROTECTED BY LAW.**

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.

A. I certify that all 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 other materials, or during interviews, can be justification for refusal of employment, or, if employed, termination from employment.

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. I hereby release my present and former employers, those individuals I have listed as personal references and Community Healthlink from any and all liability for damages arising from furnishing the requested information. I understand that if I refuse to provide such authorization, my application for employment will not be considered.

I understand that this Application for Employment is not an offer of employment. I understand that nothing contained in this employment application creates a contract between Community Healthlink and myself for employment or any other benefit. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon Community Healthlink. I understand that if I am hired, I will be an employee "at will," meaning I am not hired for any definite length of time and either I or Community Healthlink can terminate my employment at any time for any or no reason.

Signature of Applicant

Date

