

# MARY IMMACULATE HEALTH/CARE SERVICES

172 Lawrence Street  
Lawrence, Massachusetts 01841

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.*

(PLEASE PRINT)

DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS		CITY	
STATE	ZIP	PHONE NUMBER	SOCIAL SECURITY#

Are you under the age of 18?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*(Working papers for applicants under the age of 18 will be required prior to employment)*

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Per Diem \_\_\_ Temporary

Days and Hours available to Work:

DAYS:	SUN	MON	TUE	WED	THU	FRI	SAT
FROM:							
TO:							

On what date would you be available to work? \_\_\_\_\_

May we contact your current employer?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever filed an application with us before?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, give date \_\_\_\_\_

Referred by \_\_\_\_\_

Are you **prevented** from lawfully becoming employed in the United States because of Visa or Immigration Status?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*(Proof of citizenship or immigration status will be required upon employment.)*

Have you ever been suspended, sanctioned or otherwise restricted from participating in any private insurance entity or federal or state health insurance program (i.e., Medicare, Medicaid) \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been convicted of a felony within the past 7 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe in full. \_\_\_\_\_

**EDUCATION**

	NAME & LOCATION	GRADUATED YES OR NO	MAJOR	YEARS COMPLETED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

**LICENSE/CERTIFICATION**

Are you currently licensed, registered and/or certified in the Commonwealth of Massachusetts?

\_\_\_\_\_ YES \_\_\_\_\_ NO License/Certification # \_\_\_\_\_

**Please list each state in which you have worked.**

Name of State	Position	License/Certification #

*If you are a Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant, Physical Therapist, Occupational Therapist, Licensed Physical Therapy Assistant, Social Worker, Dietary Technician or Licensed Tradesperson, registered, licensed or certified in the Commonwealth of Massachusetts, please include a copy of the appropriate documentation with this application.*

*Applicants for a Driver's position must present a valid Driver's License and a copy of a Safe Driver's Record from the Registry of Motor Vehicles prior to employment. Drug and alcohol testing are a condition of employment for all drivers.*

*Mary Immaculate Health/Care Services is certified by the Criminal History Systems Board of the Commonwealth of Massachusetts to conduct criminal record checks for conviction and pending criminal case information as part of the employment process.*

**EMPLOYMENT EXPERIENCE**

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.*

Company Name	Telephone
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	( )
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ( )
Address	Employed – (State month and year) From To
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Company Name	Telephone ( )
Address	Employed – (State month and year) From To
Name of Supervisor	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Name of Employer(s) \_\_\_\_\_ Reason \_\_\_\_\_

**SPECIALIZED SKILLS**

*Please check skills/equipment operated*

C.P.R.     Fax     PC     Reception Switchboard     Filing  
(Alpha/Numeric)     # of lines

Microsoft  
 Word    Excel    Powerpoint    Access     Other (please specify) \_\_\_\_\_

**ADDITIONAL INFORMATION**

Membership in professional and civic organizations, special accomplishments, awards, etc. *(Exclude those which may disclose your race, color, religion, age or national origin.)*

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**APPLICANT’S STATEMENT**

*I certify that answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.*

*This application for employment shall be considered active for a period of 6 months. Any applicant wishing to be considered for employment beyond this time period should contact the Human Resources Department as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and Mary Immaculate Health/Care Services may discharge the Employee at any time with or without cause.*

*I understand also, that I am required to abide by the Personnel Policies and Mission and Values Statement of Mary Immaculate Health/Care Services.*

*I fully understand and accept all terms and conditions in the above statement.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange interview:  YES  NO

Employed:  YES  NO

Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_ Shift \_\_\_\_\_ Rate/Salary \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Director of Human Resources**

\_\_\_\_\_  
**Date**