



# CARING HEALTH CENTER

**Return Application to:**  
 Human Resources Department  
 1145 Main Street, Suite 205  
 Springfield, MA 01103  
 Fax: (413) 731-9919  
 Website: www.caringhealth.org

## EMPLOYMENT APPLICATION

Applicant Information			
Last Name:	First Name:	Middle Initial:	Date:
Address:			
City:	State:	Zip:	
Home Phone:	Alternate/Cell Phone:	E-mail:	
Date Available:	Social Security #:	Desired Salary:	
Position applied for:			
Are you a citizen of the United States?	[ ] Yes [ ] No	If no, are you authorized to work in the U.S.?	[ ] Yes [ ] No
Have you ever worked for this company?	[ ] Yes [ ] No	If yes, when?	

Education			
High School:	Address:		
From:	To:	Did you graduate? [ ] Yes [ ] No	Degree:
College:	Address:		
From:	To:	Did you graduate? [ ] Yes [ ] No	Degree:
Other:	Address:		
From:	To:	Did you graduate? [ ] Yes [ ] No	Degree:

List any language(s) other than English in which you are proficient, including Sign Language or Braille.				
Language	Fluent	Conversational	Reading	Writing
	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]

## EMPLOYMENT HISTORY

Are you currently employed? [ ] Yes [ ] No

Have you ever been involuntarily discharged from any employment? [ ] Yes [ ] No

If yes, give reason:

*In order for Caring Health Center to accurately assess your skills and knowledge, you must answer each section and category (DO NOT WRITE "SEE RESUME"). List the last three positions which you held in reverse chronological order. Please attach additional sheets if necessary in order to provide all pertinent information.*

Employment History		
Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? [ ] Yes [ ] No		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? [ ] Yes [ ] No		

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? [ ] Yes [ ] No		

## Business References

Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name:	Relationship:
Company:	Phone:
Address:	

Full Name:	Relationship:
Company:	Phone:
Address:	

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in application or interview may result in my release.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*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 the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYEE DISCLOSURE FORM

### Important

- |  |   |
|--|---|
| 1. Type or print clearly in black or blue ink. | 3. Read certification and release carefully before signing. |
| 2. Answer every question fully and accurately. | 4. Return completed application                             |

### Personal Information

Name: (First)	(Middle)	(Last)	Home Telephone Number:
<div style="text-align: right;"> <input type="checkbox"/> Mr.   <input type="checkbox"/> Mrs.  <input type="checkbox"/> Ms.   <input type="checkbox"/> Miss                 </div>			
Mailing Address: (Street)	(City)	(State)	Business/Message Phone:
(Zip)	Home Address (if different from mailing address: (Street)                      (City)                      (State)		Email Address:
		(Zip)	

### Employment

POSITION APPLIED FOR:	Location:
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### Immediate Family Working at Caring Health Center

*Per Caring Health Center (CHC) Policy #H-002, please disclose any immediate family members, including those related to your immediate family by marriages, who are employed by Caring Health Center. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. This "sunshine disclosure" is intended to ensure that our employees of CHC have full confidence in CHC and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the CHC from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.*

Name of Relative	Relationship	Title of Relative's Job	Location

I do not have any relatives that work for Caring Health Center.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name