

PORT

Healthcare Center

113 Low Street, Newburyport, MA 01950 • (978) 462-7373

APPLICATION FOR EMPLOYMENT

Port Healthcare Center offers equal employment opportunity to all applicants for employment and all employees regardless of sex, sexual orientation, age, race, color, religion, national origin, ancestry, veteran status, military service, disability, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment. **If you wish to be considered for employment, this Application for Employment must be completed in full.**

(Please Print Clearly)

Employment Desired	Date of Application: _____	Date Available: _____
Position: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Have you ever worked for any Whittier Health Network facility before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____		
Facility: _____	Position: _____	Date: _____

Personal Information					
Name: _____					
Present Address: _____		Last		First	
Street		City		State	
Other phone numbers where you may be reached: Phone: (____) _____		Middle		Phone: (____) _____	
City		State		Zip Code	
Other phone numbers where you may be reached: Phone: (____) _____ Phone: (____) _____					
May we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, email address: _____					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide appropriate working permit.					
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you will be required to submit proof if hired.)					
Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B visa status) <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you become aware of the position for which you are applying? (Please give individual or source): _____					
Please list any relatives employed by the Company: _____					

Education and Training					
	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other				<input type="checkbox"/> No <input type="checkbox"/> Yes	

Professional Licenses and/or Certificates			
Type	Organization or State Issued	Date Issued	Number
If not received, have you applied for endorsement or registered to take the State Board Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No When _____			
Has your license, certification or registration ever been revoked, suspended or restricted in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			

Work Experience

List all of your places of employment beginning with the most recent. You may include work performed on a volunteer basis. Please account for any time period between positions when you were not working.

THE COMPANY MAY CONTACT ANY OF THESE PERSONS OR ENTITIES TO OBTAIN AN EMPLOYMENT REFERENCE.

EMPLOYER _____
 ADDRESS _____

 TELEPHONE _____
 SUPERVISOR _____

POSITION _____
 WAGE _____
 EMPLOYED FROM _____ TO _____
 REASON FOR LEAVING _____

EMPLOYER _____
 ADDRESS _____

 TELEPHONE _____
 SUPERVISOR _____

POSITION _____
 WAGE _____
 EMPLOYED FROM _____ TO _____
 REASON FOR LEAVING _____

EMPLOYER _____
 ADDRESS _____

 TELEPHONE _____
 SUPERVISOR _____

POSITION _____
 WAGE _____
 EMPLOYED FROM _____ TO _____
 REASON FOR LEAVING _____

Have you ever been discharged from a position? Yes _____ No _____ If yes, please provide details, including when and reason for discharge: _____

If your former employment, references, or education are under a name other than indicated on front of application, please indicate below.
 Name(s) _____

Are you on the Office of Inspector General List of Excluded Individuals / Entities? Yes No

Application Statement**CERTIFICATION**

(PLEASE READ CAREFULLY AND SIGN)

I affirm that the information provided in conjunction with the application process, including the information provided on this Application for Employment and any resume submitted is true, accurate and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

I authorize the Company to investigate all information pertinent to my application for employment in order to determine my qualifications for employment, which may include contacting former and current employers or any other person or entity listed on this application. I authorize all persons and entities having information relevant to my application to provide that information to the Company and I agree to hold harmless the Company and all those providing information to the Company from any liability arising out of or as the result of the request for, provision of, or use of such information. I also understand that as a condition of employment I will be required to, and hereby consent to, an Office of Inspector General check, a background check including criminal record, substance abuse test, and a pre-employment medical examination. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the Company, or if the results of my Office of Inspector General check, background check including criminal record, substance abuse test or pre-employment medical examination are unsatisfactory. I further understand that if I am hired by the Company, I must abide by all the rules and policies of the Company which, other than the at-will employment policy, may be changed without notice at the discretion of the Company.

I understand that completion of this Application for Employment does not assure me of a position with the Company. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be at-will, and may be terminated at any time for any reason or no reason by me or the Company. I understand that any omission, misrepresentation, or falsification in conjunction with this application process may be grounds for denial of employment, or, if hired, immediate termination of employment.

While the Company does not require or request applicants or employees to take a lie detector test, Massachusetts law requires the following notice: *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.*

BY MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND THE FOREGOING AND SO AUTHORIZE AND RELEASE THE COMPANY.

Applicant's Signature _____ Date _____