



# CARING HEALTH CENTER

**Human Resources Department**  
 1145 Main Street, Suite 205  
 Springfield, MA 01103

## 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 Level					
Please select highest level attained					
High School	College	Associate Degree			
Bachelor's Degree	Post Graduate	MBA	Did you graduate?	Yes	No
Name of educational institution:			Degree:		
Address:					
City:		State:	Zip:		
Years attended:	From:	To:			

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:

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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:	Starting Salary:	Ending Salary:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?	Yes	No

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

Company:		Phone:
Address:	Supervisor:	
Job Title:	Starting Salary:	Ending Salary: \$
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.*



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## EMPLOYMENT DISCLOSURE FORM

### IMPORTANT

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

### Personal Information

Name (First) (Middle) (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Home Telephone Number
Mailing Address (Street) (City) (State) Zip (Postal) Code	Business or Message Phone
Home Address (if different from mailing address) (Street) (City) (State) Zip (Postal) Code	E-Mail Address

### Employment

Position Applied for:	Location:
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