



Caring Health Center, Inc.

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

Applicant Information (PLEASE PRINT)

Full Name:				Date:	
Last		First		M.I.	
Address:					
Street Address				Apartment/Unit #	
City				State	ZIP Code
Phone:	()	Alternate Phone:	()	E-mail Address:	
Date Available:		Social Security No.:	- -	Desired Salary:	\$
Position Applied for:					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you been convicted within the last five (5) years of a criminal offense other than a first conviction for drunkenness, simple assault, speeding, minor traffic violation, affray or disturbance of the peace?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	**Conviction will not necessarily disqualify an applicant for employment; however, failure to provide such information will.**		
If yes, explain:					

Education

High School:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:	Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

List any language(s) other than English in which you are proficient, including Sign Language or Braille.

Language	Fluent	Conversational	Reading	Writing
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

Business References

Please list three professional references (i.e. persons listed in the employment history section) who have closely observed your work.

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 my 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.

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 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: _____