

APPLICATION FOR EMPLOYMENT GREAT BROOK VALLEY HEALTH CENTER, INC.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. P.L. 90-202 prohibits discrimination because of age.

We are an equal opportunity employer and do not discriminate because of race, creed, color, sex, age, sexual orientation, veteran's status, handicap or national origin in accordance with all pertinent state and federal regulations.

ALL QUESTIONS ON THIS APPLICATION ARE IN COMPLIANCE WITH STATE AND FEDERAL LAWS

NAME (print): _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

Social Security Number: _____ - _____ - _____

I attest, under pains and penalties of perjury, that I am (check one):

- A citizen or national of the United States.
 An alien lawfully admitted for permanent residence. (Alien Number # _____).
 An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number # _____ or Admission Number # _____, expiration of employment authorization, if any _____).

Relatives Employed Here (names and relationships): _____

Position(s) Applying for: _____

Date Available to Work: _____ Full Time Part Time

Work Schedule Limitations, if any: _____

Have you filed an application here before? Yes No (if yes, give date: _____)

Have you ever been employed by this Center before? Yes No (if yes, give date: _____)

Are you employed now? Yes No May we contact your present employer? Yes No

SKILLS

Typing: _____ WPM Shorthand: _____ WPM Medical Terminology Yes No

Use Transcription Machines Yes No

Computer Skills: Microsoft: Excel Access Word Other: _____

List other special clerical and office skills you possess: _____

List technical and trade skills and type or course of training: _____

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ATTACH RESUME OR COMPLETE THE FOLLOWING EDUCATION AND EMPLOYMENT HISTORY

EDUCATION HISTORY

EDUCATION COLLEGE/HIGH SCHOOL/ OTHER (NAME)	FROM MO/YR	TO MO/YR	DEGREE OR CERTIFICATE	COURSE OR MAJOR	DID YOU GRADUATE?

EMPLOYMENT HISTORY/MILITARY/VOLUNTEER

EMPLOYER (PRESENT OR LAST) (NAME, ADDRESS, PHONE)	FROM MO/YR	TO MO/YR	POSITION AND DUTIES	REASON FOR LEAVING
			Supervisor:	
			Supervisor:	
			Supervisor:	

List any professional/association memberships or certifications that you feel are pertinent to this application:

READ CAREFULLY BEFORE SIGNING

I authorize the Great Brook Valley Health Center, Inc. to obtain job related information from my previous employment, and educational background, as indicated above, and release the Great Brook Valley Health Center, Inc. from any and all liability resulting from such investigation.

It is the policy of the Great Brook Valley Health Center, Inc. to reserve the right to require employees to share day, evening, night, and weekend duties in accordance with the requirements of the department to which they are assigned, and to reassign employees in accordance with the needs of the Health Center. I understand and accept this policy as a condition of my employment.

I declare that all the statements on this application are true to the best of my knowledge, and any misrepresentations will be cause for my rejection or dismissal.

Signature of Applicant

Date