



FAULKNER HOSPITAL

1153 Centre Street
Boston, MA 02130
(617) 983-7901

APPLICATION FOR EMPLOYMENT

DATE: _____

POSITION(S): _____

Full-Time _____ Part-Time _____ Temporary _____

Hours Available:

Days _____ Evenings _____ Nights _____

Rotations _____ Weekends _____ Holidays _____

DATE AVAILABLE: _____

DESIRED SALARY: _____

An Equal Opportunity Employer

PERSONAL DATA

Name, Last	First	Middle	Social Security No.
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Address - Street and Number	Home Telephone #
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City/Town	State	Zip Code	Work Telephone #
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Are you under 16 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes indicate age _____	If hired by Faulkner Hospital, will you be able to show that you are authorized to work in the USA: <input type="checkbox"/> No <input type="checkbox"/> Yes
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Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes Vietnam Era? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you served in the U.S. Military? <input type="checkbox"/> No <input type="checkbox"/> Yes Nature of Discharge? <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable
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Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes. Give specifics _____	When	Where	Offense
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An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

What source referred you to the hospital: Reputation of hospital Newspaper, specify _____

Agency _____ Job Fair _____ Friend _____

Employee _____ Other _____

Name of Relatives employed at Faulkner Hospital	Name	Relationship	Department
	Name	Relationship	Department

EDUCATION

Type of School	School Name and address	Graduated	Degree or Certification Received	Major Course of Study
Elementary or High School	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			
	City State Zip Code			
College, Nursing School or Technical School	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			
	City State Zip Code			
Graduate School	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			
	City State Zip Code			
Other Education	Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Street Address			
	City State Zip Code			

EMPLOYMENT and VOLUNTEER POSITIONS Please list all positions held starting with the most current.

Date From Month/Year	Date To Month/Year	Name of Company	Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Street Address	Dept.	Salary
Reason for Leaving		City	State	Zip Code
		Supervisor	Tel #	
Major Responsibilities				May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date From Month/Year	Date To Month/Year	Name of Company	Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Street Address	Dept.	Salary
Reason for Leaving		City	State	Zip Code
		Supervisor	Tel #	
Major Responsibilities				May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date From Month/Year	Date To Month/Year	Name of Company	Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Street Address	Dept.	Salary
Reason for Leaving		City	State	Zip Code
		Supervisor	Tel #	
Major Responsibilities				May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date From Month/Year	Date To Month/Year	Name of Company	Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Street Address	Dept.	Salary
Reason for Leaving		City	State	Zip Code
		Supervisor	Tel #	
Major Responsibilities				May We Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes

Were you previously employed at Faulkner Hospital? No Yes, Date From _____ to _____ Job Title _____

Please account for any lapses in employment history or volunteer services.

PROFESSIONAL LICENSES - Complete for position(s) requiring professional licensing only.

Number	Issue Date	Expiration Date	Profession	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all professional organizations:

Job Skills: (check all that apply)

Typing (_____wpm) Language Skills (specify) _____

Dictaphone Office Machines (specify) _____

Medical Terminology Other (specify) _____

DECLARATION AND CERTIFICATION

Applicant: Please Read Carefully Before Signing

I hereby certify that the information set forth in this employment application is accurate and complete. I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application or discharge if already employed by Faulkner Hospital. I consent to a pre-placement physical exam and any future physical examinations. I understand that any offer of employment is contingent upon satisfactory completion of examination requirements for the position for which I am applying. I further understand that all final offers of employment will be made by the Human Resources Department.

I hereby authorize Faulkner Hospital to conduct any investigations providing applicable information concerning my personal history, and financial and credit records through any investigative agencies or bureaus in accordance with the provisions set forth in the Fair Credit Reporting Act. Further, I release Faulkner Hospital and all persons, companies or corporations supplying such information from all liability or responsibility for any damages arising therefrom.

In consideration of my employment, I agree to conform to the rules and regulations of the Hospital and understand that my employment is at will, and as such I can be terminated, with or without notice and with or without cause, at any time, at the option of either the Hospital or myself.

Faulkner Hospital is an equal opportunity employer and provides equal employment, advancement opportunities, accommodations in working conditions and benefits of employment regardless of race, color, creed, national origin, sex, age, sexual orientation or disability.

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.

Applicant Signature

Date

REFERENCE RELEASE

I hereby authorize the release to Faulkner Hospital Department of Human Resources any or all reference information with respect to my academic and/or employment records including final evaluation and recommendations for future employment.

Are your employment or education records under any other name?

No Yes

If yes, indicate previous name _____

Applicant Signature

Date

Do not write below this line

(Internal use only)

• Department Head/Supervisor comments: _____

I wish to employ FT PT OPT OWF

Start Date: _____ Reporting Time: _____

Place: _____

Supervisor: _____

Signature

Date

(Human Resources use only)

Comments: _____

(To be completed after employment)

Req Number	Code	EEO	Birth date
Circle One: Exempt/Non-Exempt	Employee Number	Hire date	Job Title
Male/Female			
Grade/Step	Status	Hours	
Department/Manager	Salary	Shift Diff.	ET
Benefits eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost Center Number	Job Code	Rehire Date