

PLEASE PRINT

PERSONAL

NAME (Last, First, Middle)	DATE
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MAILING ADDRESS (Street, City, State, Zip)

HOME PHONE	DAYTIME PHONE	E-MAIL ADDRESS
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ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? (VERIFICATION WILL BE REQUIRED UPON HIRE)
 YES NO

HAVE YOU BEEN EMPLOYED BY A PARTNERS AFFILIATE IN THE PAST? YES NO TRANSFER:
 IF YES, PLEASE PROVIDE THE NAME OF THE AFFILIATE AND DATES OF EMPLOYMENT .

HOW DID YOU HEAR ABOUT OPENINGS AT PARTNERS? PLEASE BE SPECIFIC.
 SCHOOL EMPLOYEE/FRIEND PARTNERS.ORG
 MONSTER.COM WEB OTHER CURRENT PCHI OR PHS EMPLOYEE
 NEWSPAPER AGENCY OTHER _____

JOB INTEREST (POSITION DESIRED)

1.	2.	3.
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AVAILABILITY HOURS AND DAYS

PLEASE INDICATE NUMBER OF HOURS PER WEEK YOU CAN WORK _____ HOURS PER WEEK

<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> TEMPORARY	DATE AVAILABLE ____/____/____
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EDUCATION

	NAME AND ADDRESS OF SCHOOL	DEGREE	MAJOR
HIGH SCHOOL	SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES TYPE	
	CITY, STATE		
COLLEGE	SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES TYPE	
	CITY, STATE		
OTHER (SPECIFY)	SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES TYPE	
	CITY, STATE		
OTHER (SPECIFY)	SCHOOL	<input type="checkbox"/> NO <input type="checkbox"/> YES TYPE	
	CITY, STATE		

PROFESSIONAL LICENSES, REGISTRATIONS and CERTIFICATES

TYPE	REG#	EXPIRATION DATE	STATE
TYPE	REG#	EXPIRATION DATE	STATE

PRIOR WORK AND VOLUNTEER EXPERIENCE - LIST MOST RECENT EXPERIENCE FIRST.

Please complete all prior work experience information even if submitting a resume. You may exclude organizations which indicate race, religion, gender, national origin, disabilities or other protected status.

FROM MO/YR	TO MO/YR	NAME OF COMPANY	POSITION	REASON FOR LEAVING
		STREET	DEPARTMENT	
		CITY, STATE, ZIP CODE	SUPERVISOR	CONTACT AS REFERENCE?
			TEL#	<input type="checkbox"/> YES <input type="checkbox"/> NO

SALARY	BRIEFLY DESCRIBE YOUR JOB RESPONSIBILITIES:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

FROM MO/YR	TO MO/YR	NAME OF COMPANY	POSITION	REASON FOR LEAVING
		STREET	DEPARTMENT	
		CITY, STATE, ZIP CODE	SUPERVISOR	CONTACT AS REFERENCE?
			TEL#	<input type="checkbox"/> YES <input type="checkbox"/> NO

SALARY	BRIEFLY DESCRIBE YOUR JOB RESPONSIBILITIES:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

FROM MO/YR	TO MO/YR	NAME OF COMPANY	POSITION	REASON FOR LEAVING
		STREET	DEPARTMENT	
		CITY, STATE, ZIP CODE	SUPERVISOR	CONTACT AS REFERENCE?
			TEL#	<input type="checkbox"/> YES <input type="checkbox"/> NO

SALARY	BRIEFLY DESCRIBE YOUR JOB RESPONSIBILITIES:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

FROM MO/YR	TO MO/YR	NAME OF COMPANY	POSITION	REASON FOR LEAVING
		STREET	DEPARTMENT	
		CITY, STATE, ZIP CODE	SUPERVISOR	CONTACT AS REFERENCE?
			TEL#	<input type="checkbox"/> YES <input type="checkbox"/> NO

SALARY	BRIEFLY DESCRIBE YOUR JOB RESPONSIBILITIES:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

SPECIAL SKILLS - LIST SPECIAL SKILLS THAT AMPLIFY YOUR QUALIFICATIONS FOR EMPLOYMENT INCLUDING PROFICIENCY IN ANY FOREIGN LANGUAGE.

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PLEASE READ CAREFULLY THE FOLLOWING BEFORE SIGNING

Criminal Convictions: Past criminal convictions will not necessarily bar you from employment but will be considered in relation to specific positions.

You may answer "no" to the following two questions if your criminal record consists only of one or more of the following: (1) a sealed record on file with the Commissioner of Probation; (2) cases of delinquency or as a child in need of services which did not result in a compliant transferred to the superior court for criminal prosecution; (3) a first conviction for drunkenness, simple assault, speeding, minor traffic offenses, disturbance of the peace, or affray; or (4) any misdemeanor convictions in which the conviction occurred and any incarceration ended five or more years ago.

Have you ever been convicted (whether after a trial or plea) of a felony? ___ Yes ___ No
If yes, please give the date and details of the conviction(s).

Have you ever been convicted (whether after a trial or plea) of a misdemeanor? ___ Yes ___ No
If yes, please give the date and details of the conviction(s).

Date _____ Description _____

Lie Detector Test: 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.

I certify that the answers given herein are true and complete. I understand and agree that any false information or material omissions of fact may disqualify me from further consideration for employment, or may be considered justification for dismissal if I am hired.

This application for employment shall be considered active for a period of time not to exceed 120 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 understand that any offer of employment is contingent upon my ability to comply with Immigration and Naturalization Services requirements concerning my identity and right to work in the United States, medical acceptability, and satisfactory responses from my educational and/or employment references.

I hereby authorize release to Partners HealthCare System or any of its affiliates any or all reference information with respect to my academic and/or employment records including final evaluations and recommendations for future employment.

Printed Name of Applicant _____ Signature of Applicant _____

Date _____

I have also worked under the following names _____

Applicant Notification of

Criminal Offender Records Information (CORI) Check

Notice to Applicants:

Partners Community Healthcare Inc., has a vital interest in maintaining safe, healthful, and efficient working conditions for its employees.

To meet this compelling Company interest, individuals who wish to be considered for employment must agree to submit to a Criminal Offender Records Information check when requested to do so by management.

In the event of a conviction, the Company will consider the nature of the offense, age at the time of the convictions, and any rehabilitation since the conviction. A conviction record may not necessarily be a bar to employment.

By completing and signing this notice, the applicant understands and agrees to submit to a Criminal Offender Records Information check. The applicant further understand and agrees to release the Company and its directors, officers, agents, employees, parents, subsidiaries, and affiliated concerns from any and all liability, claims demands, damages, and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to a Criminal Offender Records Information check.

By completing and signing this notice, the applicant authorizes and certifies that a photocopy or electronic facsimile of this notice shall serve with the same authority as the original. Further, if any county or state requires a notarized copy of this notice before information can be provided, the applicant shall provide upon request such a notarized copy.

Dated: _____

Signature of Applicant

Printed Name of Applicant