

POSITION APPLIED FOR: _____

APPLICANT: _____



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

One Monarch Place, Suite 1500 · Springfield, MA 01144-1500
413-787-4000 · 800-842-4464 · hne.com

We consider applicants for all positions without regard to race, color, religion, sex, sexual orientation, age, disability, veteran status, national origin, or any other legally protected status.

IMPORTANT: Please read the following instructions before you complete this application.

- Please read the Applicant's Statement in the last section of this application.
- Please answer every question on the application completely and accurately. This will better assist us in appraising your qualifications.
- We remind you that you need not answer any questions nor include any information which might indicate your race, color, religion, sex, sexual orientation, age, disability, veteran status, national origin, or any other basis prohibited by applicable law.
- 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.
- Please feel free to attach a copy of your resume to your completed Application for Employment.

PERSONAL DATA

Name _____
Last First Middle Initial

Address _____
No. & Street City State Zip Code

Telephone Number _____
Days Evenings

E-Mail Address _____

Type of employment desired: Full-Time Part-Time Temporary

Salary desired: \$ _____ Hourly Annually

How did you learn about us? Classified Ad
 Internet Site (please specify) _____
 Walk-In
 Employment Agency
 Referral (who?) _____
 Other _____

Have you ever filed an application for employment with Health New England? Yes No
If yes, approximate date and position applied for? _____

Have you ever been interviewed at Health New England? Yes No
If yes, with whom and approximate date? _____

Have you ever been employed by Health New England? Yes No
If yes, when and in what capacity? _____

Name and relationship of any relatives employed by Health New England: _____

EMPLOYMENT HISTORY

Begin with your present or most recent employer. Account for ALL employment including any job-related military service. You may include volunteer activities; however, organization names that indicate race, color, religion, sex, sexual orientation, age, disability, veteran status, national origin, or any other legally protected status may be omitted. ATTACH ADDITIONAL SHEET IF NEEDED.

Name of present or most recent employer _____

Address _____
No. & Street City State Zip Code Phone

Manager's name and title _____

Dates employed _____ Beginning salary _____ Ending salary _____
From To

Job title and brief description of duties: _____

Reason for leaving: _____

Name of present or most recent employer _____

Address _____
No. & Street City State Zip Code Phone

Manager's name and title _____

Dates employed _____ Beginning salary _____ Ending salary _____
From To

Job title and brief description of duties: _____

Reason for leaving: _____

Name of present or most recent employer _____

Address _____
No. & Street City State Zip Code Phone

Manager's name and title _____

Dates employed _____ Beginning salary _____ Ending salary _____
From To

Job title and brief description of duties: _____

Reason for leaving: _____

Account for all periods of unemployment in excess of 3 months. _____

Are you legally able to work in the United States? Yes No

(Proof of citizenship or authorization to work is required upon employment.)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

On what date would you be available to work? _____

EDUCATION			
NAME & LOCATION OF SCHOOLS ATTENDED	MAJOR FIELD OR COURSE OF STUDY	DIPLOMA OR DEGREE RECEIVED? IF YES, INDICATE WHAT TYPE.	# OF YEARS ATTENDED
High School			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Other (i.e. specialized training, apprenticeship etc.)			
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
		<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	

Indicate any foreign languages you can speak, read and/or write: _____

What types of software programs are you proficient in (e.g. Excel, Microsoft Word, etc.)?

ADDITIONAL INFORMATION

List professional, trade, business, or civic activities and/or offices held. (You may exclude membership which would reveal race, color, religion, sex, sexual orientation, age, disability, veteran status, national origin, or any other legally protected status.)

Describe any special academic awards or business honors which you have received.

Please describe what you consider to be your greatest professional accomplishment.

What factors do you feel have had the greatest impact on your professional success to date?

Additional comments which you feel would be important to us in considering your application.

PROFESSIONAL REFERENCES

Please give the name, title, company and telephone number of three professional references who are not related to you and are current or previous managers and/or supervisors.

1. _____
Name, Title, Company Telephone Number
2. _____
Name, Title, Company Telephone Number
3. _____
Name, Title, Company Telephone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree to hold Health New England harmless from, and to release Health New England from liability for, any claims I may have as a result of this investigation.

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 understand that this employment application, as well as any other company document, is not a contract of employment, nor is it a promise of future employment or benefits of any kind. I also understand that statements made by Health New England or its employees during the hiring process do not create a contract of employment. I further understand that if I am hired by Health New England I will be an employee-at-will, which means that either I or the company can end my employment, without cause, at any time. I understand that oral or written statements made by Health New England or its employees will not change my status as an employee at will or create a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE OF APPLICANT _____ DATE SIGNED _____

NO SMOKING CERTIFICATION

Health New England, Inc. will not employ individuals who use tobacco products.

Do you smoke or use tobacco products? Yes No

CERTIFICATION

I, _____, do hereby affirm that I do not currently use tobacco products, have not used tobacco products in the last twelve months, and will not use tobacco products at Health New England. I understand that if I make any false statement on this Certification I will be subject to discipline, up to and including termination of employment.

I declare that I have read the foregoing certification and that the facts stated in it are true.

SIGNATURE OF APPLICANT _____ DATE SIGNED _____