



**I. Personal Information** (Please Print)

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_

Are you authorized to work in the United States in the position for which you applied? Yes  No

If not a permanent resident, do you have a work permit? Yes  No

Are You Under 18? Yes  No

Proof of identity and work status will be required if an offer of employment is made.

**II. JOB INFORMATION**

Position Desired (1) \_\_\_\_\_ (2) \_\_\_\_\_

Salary Desired \_\_\_\_\_ Minimum Salary \_\_\_\_\_ Shift You Can Work \_\_\_\_\_ Day  Evening  Night

Are you available to work weekends? Yes  No

Full Time  Permanent  Summer  Part Time  Temporary

Other \_\_\_\_\_

If part time, specify days and hours available \_\_\_\_\_ If temporary, during what period? \_\_\_\_\_

Do you have any relatives employed here? Yes  No  If "YES" what department \_\_\_\_\_

Name & Relationship \_\_\_\_\_ Have you ever worked at Lowell Community Health Center before? Yes  No

Dates \_\_\_\_\_ Dept. \_\_\_\_\_

**III. UNITED STATES MILITARY DATA**

Branch of Service \_\_\_\_\_ Date Entered \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Service School or Special Experience \_\_\_\_\_

**IV. WORK EXPERIENCE (PLEASE INCLUDE ANY VOLUNTEER EXPERIENCE)**

Please begin with your most recent employer. May we contact your most recent employer? Yes  No

Have you ever used a different name with a previous employer? Name(s) \_\_\_\_\_

Name of Company \_\_\_\_\_ Dates Employed? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary/wk \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

Reasons for leaving \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe duties \_\_\_\_\_

*Work Experience continued*

Name of company \_\_\_\_\_ Dates Employed? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary/wk \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

Reasons for leaving \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe duties \_\_\_\_\_

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Name of company \_\_\_\_\_ Dates Employed? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary/wk \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

Reasons for leaving \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe duties \_\_\_\_\_

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Name of company \_\_\_\_\_ Dates Employed? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary/wk \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_

Reasons for leaving \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe duties \_\_\_\_\_

**V. EDUCATIONAL**

	Name And Address	Major or Course of Study	Graduated Yes	No	Course/Degree
High School					
College					
Graduate School					
Nursing School					
Other					

Professional Registration

Title \_\_\_\_\_ No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**VI. REFERENCES**

Personal or Professional References Other than Relatives	Address	Telephone	Occupation

**OTHER DATA**

Please list any other information you feel pertains to your application, e.g., affiliations, skills, additional courses taken.

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**VII. EMPLOYMENT AGREEMENT**

Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.

Receipt of this application and the granting of an interview does not imply that the applicant will be hired.

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 hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditional upon satisfactory replies from my reference and all physical examination requirements. I understand that employment is at-will and for no stated term and may be terminated by me or Lowell Community Health Center, Inc. at any time.

If employed by the Lowell Community Health Center, Inc., I will comply with all Health Center's policies and regulations and I understand that if my employment is terminated for any reason, I must return all Health Center property in my custody including keys, identification badge, manuals and equipment before I am entitled to final payment of any sum which may otherwise be due me upon separation from employment.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Health Center with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information. I release and indemnify Lowell Community Health Center against any liability which might result from requesting such information.

\_\_\_\_\_

Signature \_\_\_\_\_  
Date