



161 Jackson Street
Lowell, MA 01852
978-937-9700
www.lchealth.org

The Lowell Community Health Center is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity/expression, ancestry, national origin, age, disability, handicap, pregnancy, genetics, veteran status or other characteristic protected by law.

I. PERSONAL INFORMATION (Please Print)

Name \_\_\_\_\_ Email \_\_\_\_\_
Last First
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_
Telephone No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_
Are you presently legally authorized to work in the United States on a full-time basis? Yes [ ] No [ ]
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes [ ] No [ ]
Are you under 18? Yes [ ] No [ ] Proof of identity and work status will be required if an offer of employment is made.
How did you hear about Lowell Community Health Center: \_\_\_\_\_
Are there any commitments, activities, hobbies, vacation plans, etc. that could affect your availability for work? \_\_\_\_\_

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 [ ] If Yes, provide available shift \_\_\_\_\_
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 here? Yes [ ] No [ ] If "YES" what department \_\_\_\_\_
Name & Relationship \_\_\_\_\_ Have you ever worked at Lowell Community Health Center before? Yes [ ] No [ ]
Dates \_\_\_\_\_ Department(s) \_\_\_\_\_

III. 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) \_\_\_\_\_
Dates Employed? From \_\_\_\_\_ To \_\_\_\_\_
Name of Company \_\_\_\_\_ Salary/wk \_\_\_\_\_
Address \_\_\_\_\_ Phone # \_\_\_\_\_ Position \_\_\_\_\_
Reasons for leaving \_\_\_\_\_ Supervisor \_\_\_\_\_
Describe duties \_\_\_\_\_

*Work Experience continued*

Dates Employed?                      From \_\_\_\_\_                      To \_\_\_\_\_  
Name of company \_\_\_\_\_                      Salary/wk \_\_\_\_\_  
Address \_\_\_\_\_                      Phone # \_\_\_\_\_                      Position \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_                      Supervisor \_\_\_\_\_  
Describe duties \_\_\_\_\_

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Dates Employed?                      From \_\_\_\_\_                      To \_\_\_\_\_  
Name of company \_\_\_\_\_                      Salary/wk \_\_\_\_\_  
Address \_\_\_\_\_                      Phone # \_\_\_\_\_                      Position \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_                      Supervisor \_\_\_\_\_  
Describe duties \_\_\_\_\_

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Dates Employed?                      From \_\_\_\_\_                      To \_\_\_\_\_  
Name of company \_\_\_\_\_                      Salary/wk \_\_\_\_\_  
Address \_\_\_\_\_                      Phone # \_\_\_\_\_                      Position \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_                      Supervisor \_\_\_\_\_  
Describe duties \_\_\_\_\_

**IV. EDUCATIONAL**

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

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

**V. REFERENCES (Please Provide At Least 3)**

Professional References	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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**VI. 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