

**Application for Employment**  
**Good Shepherd is an Equal Opportunity Employer**

Position Desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ (cell): \_\_\_\_\_

(work if we may contact you there): \_\_\_\_\_

Email address: \_\_\_\_\_ Are you under 18 years old? **Y / N**

Are you legally authorized to work in the United States? **Y / N**

**EDUCATION (if on resume, please skip)**

<b>School</b>	<b>Name &amp; Location of School</b>	<b>Graduated</b>	<b>Course of Study</b>	<b>Diploma / Degree</b>
<i>High School</i>				
<b>College</b>				
<b>Graduate</b>				
<b>Other</b>				

**PROFESSIONAL LICENSES, REGISTRATIONS & CERTIFICATIONS:**

Type: \_\_\_\_\_

Registration #: \_\_\_\_\_

State / National: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MILITARY**

Branch/type of service: \_\_\_\_\_

Dates of Duty From: \_\_\_\_\_ To: \_\_\_\_\_

**SKILLS**

Foreign Language: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you hear of Good Shepherd?:

\_\_\_\_\_

Have you ever been employed at Good Shepherd **Y / N**

If yes, please provide dates of employment. From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have any relatives employed by Good Shepherd **Y / N**

If yes, please state name and department: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? \_\_\_\_\_

Briefly explain why you are interested in this position. Include any information you think may be relevant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Per Diem Applicants Only:

Please provide the days and times you will be available for work:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list your most recent employer first. You may include volunteer or internship experiences.

Company Name:	Address:
From: (mo/year)                      To: (mo/year)	Phone #:
Supervisor's Name:	May We Contact?
Position & Duties:	# of hours/week
Salary:	Reason for Leaving:

Company Name:	Address:
From: (mo/year)                      To: (mo/year)	Phone #:
Supervisor's Name:	May We Contact?
Position & Duties:	# of hours/week
Salary:	Reason for Leaving:

Company Name:	Address:
From: (mo/year)                      To: (mo/year)	Phone #:
Supervisor's Name:	May We Contact?
Position & Duties:	# of hours/week
Salary:	Reason for Leaving:

Company Name:	Address:
From: (mo/year)                      To: (mo/year)	Phone #:
Supervisor's Name:	May We Contact?
Position & Duties:	# of hours/week
Salary:	Reason for Leaving:

If employed or attended school under any other name, please indicate here: \_\_\_\_\_

Have you ever been convicted of a felony? (you may answer "no record" if you have sealed record on file with the Commissioner of Probation.)

\_\_\_\_\_ Yes      \_\_\_\_\_ No Record      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Please Read Carefully Before Signing Below**

The information supplied in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information may be cause for my rejection or dismissal. I understand that neither this application nor any Good Shepherd document constitutes a contract of employment. I also understand that any offer of employment is contingent upon successful completion of a pre-employment health evaluation (direct care staff only), satisfactory receipt of references, other background information, and timely compliance with Immigration and Naturalization requirements concerning my identity and right to work in the United States.

I understand that 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 liabilities.

I authorize Good Shepherd Community Care to make inquiries, unless otherwise noted, regarding my history to prior employers, schools, etc. and release Good Shepherd, employers, schools, individuals, or organizations and its or their agents and/or representation from all responsibility or liability that may arise in connection with such inquiries.

As a prospective or current employee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Good Shepherd Community Care to submit a CORI check for my information to the DCJIS.

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