



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)

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

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 provide name and department:

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? **Y / N**

What is your desired salary for this position? _____

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
Reason for Leaving:	

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

Company Name:	Address:
From: (mo/year) To: (mo/year)	Phone #:
Supervisor's Name:	May We Contact?
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Reason for Leaving:	

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

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

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: _____