



Facility: New England Pediatric Care
Position Applied For

Position: check off below

- RN position LPN position
- CNA **position**
- PT
- OT
- Recreation
- Teacher
- Young Adult Instructor
- Social Worker
- Dietary
- Housekeeping
- Office
- Maintenance

Application For Employment

*** required information**

PERSONAL INFORMATION

Title: ▼

First Name: * MI:

Last Name: *

Address: *

City: *

State: * ▼

Zip: *

Home/Other Phone: * (000-000-0000)

Work Phone: (000-000-0000)

Cell Phone: (000-000-0000)

Last four digits of SSN: * (0000)

Confirm last four digits of SSN: * (0000)

ADDITIONAL INFORMATION

Salary Desired:

Date available?

How did you find out about this position? * ▼

Please enter "Other" source:

If you were referred by a current New England Pediatric Care employee, enter their name and department:

If you have any relatives currently employed by New England Pediatric Care list their names and position:

Which job status would you accept?
(please check all that apply)

Status

Full Time

Part Time

Which job shift would you accept?
(please check all that apply)

Shift

Day

Evening

Night

Weekend

Hours Available:

Please answer all of the following questions.

*

Yes No

Are you under 18 years of age?

*

Yes No

If hired by New England Pediatric Care, can you provide documentation to show that you have the legal right to work in the U.S.?

*

Yes No

Have you ever been employed by New England Pediatric Care or any of its Tufts-Medical Center affiliates in any capacity?

If yes, when hired?(mm/yyyy)

If yes, what department?

*

Yes No

We are unable to hire any individuals who are on an exclusion list for any regulatory agencies. Are there any current OIG/GSA SAM (Office of Inspector General or System for Award Management) restrictions on your ability to work in a health care setting?

SKILLS / EXPERIENCE

EDUCATION

High School: *

Address: *

City: *

State: *

Zip: *

Country: *

Major: *

How many years did you complete? *

Did you Graduate? * Yes No

Degree Type: *

Undergraduate:

City:

Zip:

Major:

Did you Graduate? Yes No

Degree Type:

Address:

State:

Country:

How many years did you complete?

Year of Graduation:

Other:

City:

Zip:

Major:

Did you Graduate? Yes No

Degree Type:

Address:

State:

Country:

How many years did you complete?

Year of Graduation:

List scholastic honors, specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application:

WORK HISTORY

List all previous employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

* Are you currently employed?

Yes No

If unemployed during the past two years please explain and list time period

1. Most recent employer

Name of Company: *

Street Address: *

City: *

State: *

Zip (00000): *

Employer's Phone (000-000-0000): *

Other Name(s) Used: *

Job Title: *

Employed From (mo/yr): *

Employed To (mo/yr): *

Starting Salary: *

Ending Salary: *

Supervisor's Name: *

*** Job Duties and Responsibilities:**

*** Reason for Leaving:**

*** May we contact this employer for a reference?**

Yes No

2.

Name of Company:

Street Address:

City:

State:

Zip (00000):

Employer's Phone (000-000-0000):

Other Name(s) Used:

Job Title:

Employed From (mo/yr):

Employed To (mo/yr):

Starting Salary:

Job Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference?

Yes No

Ending Salary:

Supervisor's Name:

3.

Name of Company:

Street Address:

City:

State:

Zip (00000):

Employer's Phone
(000-000-0000):

Other Name(s) Used:

Job Title:

Employed From (mo/yr):

Employed To (mo/yr):

Starting Salary:

Ending Salary:

Supervisor's Name:

Job Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference?

Yes No

4.

Name of Company:

Street Address:

City:

State:

Zip (00000):

Employer's Phone
(000-000-0000):

Other Name(s) Used:

Job Title:

Employed From (mo/yr):

Job Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference?

Employed To (mo/yr):

Yes No

Starting Salary:

Ending Salary:

Supervisor's Name:

LICENSES

Professional Licensure

License/Certification	State	License Number	License Issued (mm/yyyy)	License Expires (mm/yyyy)	Temporary	Permanent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you had any infraction on your license such as suspension or citation for impairment?

Yes No

If yes, please explain.

Are you subject to any outstanding disciplinary actions at the present time and/or have you been subject to any in the past?

Yes No

If yes, please explain.

Are there any current restrictions on your professional license in any legal jurisdiction?

Yes No

If yes, please explain.

RESUME

Resume

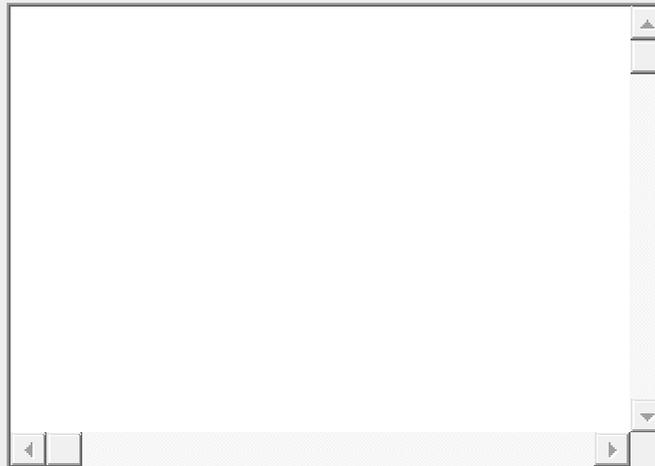
To cut and paste your resume:

1. Highlight the text on the resume you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the **RESUME** box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter

A rectangular text box with a white background and a thin black border. It contains no text. On the right side, there is a vertical scrollbar with a small square handle. On the bottom side, there are four small square buttons: two on the left and two on the right, likely for navigation or zooming.

Resume

A rectangular text box with a white background and a thin black border. It contains no text. On the right side, there is a vertical scrollbar with a small square handle. On the bottom side, there are four small square buttons: two on the left and two on the right, likely for navigation or zooming.

READ AND SIGN

Read the following carefully before signing.

New England Pediatric Care is an equal opportunity/affirmative action employer and does not discriminate because of race, sex, color, religion, national origin, age, sexual orientation, disability or veteran status. We are committed to developing and maintaining a diverse workplace.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

New England Pediatric Care maintains a smoke free environment. Smoking is prohibited throughout the facility except in specifically designated outdoor areas.

Applications for employment will be retained for one year. We are not able to update your application over the telephone.

Any misrepresentation or omission of a fact in my application may be justification for refusal of employment, or if employed, termination from employment.

It is my understanding that New England Pediatric Care will make a thorough investigation of my related job history and may verify all data given in my application for employment, related papers, or interviews. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent me from being hired.

Neither this application, any subsequent offer of employment, the employee handbook nor any statement of personnel policies constitutes an employment contract.

I understand that all new employees are required to undergo a health screening conducted by our Recommended Employee Health Services and a criminal background (CORI) check and OIG/GSA SAM background check by the facility (and for those who will be working in the school program – there will be a fingerprinting requirement)

My typed name below shall have the same force and effect as my written signature.

Candidate's/Applicant's Signature:

Date: