

Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed From To		Summarize the type of work performed and job responsibilities
Address				
Job Title		Hourly Rate/Salary Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary Final		
May we contact for reference?	Yes No Later	\$	Per	

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May we contact for reference?	Yes No Later	\$	Per	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS	C. DEGREE	D. GPA	E. MAJOR	F. MINOR

Personal References

List name and telephone number of three **personal** references who are **not** related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any office held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: _____ Date: _____

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that employment with Saint Vincent's is on an "at will" basis. This means the employment relationship may be terminated at any time by either the employee or Saint Vincent's for any reason not expressly prohibited by law. I understand and agree that this application is not a contract for employment, and that my employment is not for an unlimited period, and may be terminated at any time without advance notice.

We are an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on the basis of race, color, gender, creed, religious affiliation, nationality, ethnic origin, ancestry, age, disability, veteran's status or sexual orientation.

As part of our application/employment process, Saint Vincent's is required to complete a Criminal Offender Record Information (CORI) Check as well as a Sexual Offender Record Information Check (SORI). The Department of Early Education and Care also conducts a review of the Department of Child and Family record information. The information requested on the accompanying form must be complete and legible. Employment is contingent on the successful completion of the CORI, SORI and DCF process.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ Date: _____

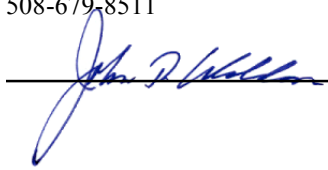
NON DISCRIMINATION NOTICE

This is to notify all persons that Saint Vincent's does not discriminate against any person because of her/his race, color, gender, creed, religious affiliation, nationality, ethnic origin, ancestry, age, disability, veteran's status or sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, in the provision of or access to services, employment and activities. This is in accordance with all applicable federal and state law, including, but not limited to, Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, as amended, the Civil Rights Act of 1964, as amended, Article 114 of the Massachusetts Constitution, Chapters 151B and 272, Sections 92, 98 and 98A of the Massachusetts General Laws and Executive Orders 227, 246 and 253.

Contact Human Resources for the name of the person designated to administer compliance with the law and regulations.

For further information about our policies and grievance procedures for the resolution of complaints contact Human Resources for the name of the Affirmative Action/Equal Opportunity Manager and the Programmatic Access Manager (ADA Coordinator).

Provider Name: Saint Vincent's
Provider Address: 2425 Highland Avenue
Fall River, MA 02720
Telephone: 508-679-8511

Provider Chief Executive Officer Signature:  _____

Revised: 6/2010

Voluntary Affirmative Action Information

Saint Vincent's is an Affirmative Action/Equal Opportunity Employer and considers all applicants for all positions without regard to race, color, gender, creed, religious affiliation, nationality, ethnic origin, ancestry, age, disability, veteran's status, or sexual orientation, which shall not include persons, whose sexual orientation, involves children as sex objects.

In our efforts to continue with a quality Affirmative Action/Equal Opportunity program and to meet reporting requirements of the Commonwealth of Massachusetts and the Federal government regarding record keeping we ask that you complete this survey.

PLEASE BE ADVISED THAT COMPLETING THIS SURVEY IS STRICTLY VOLUNTARY AND IS NOT PART OF YOUR APPLICATION FOR EMPLOYMENT. THIS INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL IN NO WAY BE USED IN ANY HIRING DECISION.

Name: _____ Date: _____

Male: _____ Female: _____

Position(s) Applied for: _____

Referral Source Advertisement Walk In Relative Employee
 Job Posting Government Employment Agency
 Friend Job Line College or University Placement Office

Name of Source:

Please check the group you most identify with:

Caucasian African American Hispanic American Indian/Alaskan Native
 Asian/Pacific Islander Other

Please check the following if applicable:

Vietnam Era Veteran Disabled Veteran Individual with a Disability

Saint Vincent's
2425 Highland Avenue
Fall River, MA 02720
(508) 679-8511
Fax (508) 672-2558