



**Community Health Programs, Inc. Employment Application 2015**

Please Attach Resume – email: [hr@chpberkshires.org](mailto:hr@chpberkshires.org)

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

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If hired, can you present document(s) demonstrating your legal right to work in the United States? Yes \_\_\_ No \_\_\_

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_ Desired salary: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Did a current CHP employee encourage you to apply? If yes, who? \_\_\_\_\_

Did you ever work for or with CHP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Friends or relatives employed at CHP? If yes, who? \_\_\_\_\_

*(Having relatives employed at CHP does not disqualify you from employment.)*

**EDUCATION**

Degree Type	School Name	School Address	Field of Study	Did you Graduate? Yes/No	Degree Earned
Graduate					
Undergraduate					
High School or Business/Technical Certificates/Distinction					
Other					

**Please use extra paper if needed**

**EMPLOYMENT AND SALARY HISTORY:** Please begin with your most recent experience, including military service. List all periods of employment (last 10 years is sufficient). Attach additional sheets if necessary.

EMPLOYMENT AND SALARY HISTORY

NAME: \_\_\_\_\_

Status at the company (check one):  Employee  Contractor  Other \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Annual salary: Initial \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Status at the company (check one):  Employee  Contractor  Other \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Annual salary: Initial \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Status at the company (check one):  Employee  Contractor  Other \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

Annual salary: Initial \_\_\_\_\_ Final \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PLEASE NOTE**

We may contact the employers listed unless you indicate those you do not want us to contact here.

Employer Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

**References Requested**

**Please List or Attach References and include phone number, email and when/where you worked together:**

Contact Information	Minimum of (2) Supervisors	(2) Direct Reports/Colleagues	Optional (1) Internal/External Customers
Name Company When/Where you worked together Daytime Phone (s) Email Address			
Name Company When/Where you worked together Daytime Phone (s) Email Address			

**PLEASE READ, SIGN, DATE**

- Community Health Programs is committed to providing equal employment opportunity (EEO) for all persons regardless of race, color, sex, sexual orientation, religion, marital status, parental status, physical or mental disability, age, veteran status, ancestry, or national or ethnic origin, genetics, retaliation, sexual harassment, political beliefs, or any other basis prohibited by applicable state, federal or local laws.
- The facts set forth in my application and attached resume are true and complete to the best of my knowledge. I understand that if employed, false statements or omissions on this application, my resume and all accompanying documents, are cause for termination, regardless of the time elapsed before discovery.
- I authorize Community Health Programs (CHP), to check and verify all information provided in my application, and hereby release CHP and its agents and employees from any claims, charges, or liabilities whatever that may result from the verification process. I understand that an offer of employment is contingent upon satisfactory proof of lawful employment status, as set forth in the Immigration Reform and Control Act of 1986 and reference and background checks. Permission is hereby given to CHP or any agent thereof to investigate previous employment, educational background and reference information including job performance, salary history, employment dates, etc.
- I release CHP its subsidiaries and former employers from any liability resulting from any information provided in connection with this application.

Please note: CHP requires all employees to agree to and obtain a clear Criminal Offender Record Information (CORI) check as a condition of employment and as a Federally Qualified Health Care Center must not hire anyone on the US Department of Health and Human Services Office of Inspector General Exclusions List:

<http://oig.hhs.gov/fraud/exclusions.asp> CHP is a drug-free, alcohol-free, smoke-free work environment. Employees who work with children and/or work in CHP's medical clinics must agree to a tuberculosis skin test (also known as the tuberculin test or PPD test). Employees may be asked for additional tests/information depending on the job requirement.

**I understand that the receipt of this application does not imply that I will be employed. All employees of CHP are employees-at-will. This means CHP has the right to discontinue an employee's employment at any time at its discretion, with or without cause (but not for an illegal or discriminatory reason) and that you may leave at any time at your discretion. I understand that this employment application is not an expressed or implied employment contract.**

**Please Print Name:** \_\_\_\_\_

*Do you have a non-competition agreement with your current company? \_\_\_yes \_\_\_no  
If yes, please attach for our review – thank you.*

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