



APPLICATION FOR EMPLOYMENT

DotHouse Health is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, ancestry, national origin, age, disability, handicap, genetics or veteran status.

PERSONAL DATA:			Date: / /			
1.	Name:					
2.	Last First	<i>st</i>	Middle			
	City:	State:	Zip	Code		
3.	Home Telephone:		Business Te (Optional)	elephone:		
4.	How Were You Referred To Us? Newspaper Ad School		_ Walk In _ Employee		Agency	Other
	Name of Referral Source:					
5.	Are you legally authorized to work in th	e United Stat	es?	Yes	No	
	Note: If you are hired, you will be requ	vired to submi	it proof of legal	right to work ir	n the United Sta	ates.
6.	Are you over 18 years of age?	Yes	No			
7.	If no, are you over 16 years of age?	Yes	No			
POS	SITION/AVAILABILITY:					
1.	Indicate the position for which you are	applying:				
2.	Type of employment desired: Regular Full Time Temporary Full Time			Time Time		
3.	Shift DesiredDay	Evening				
4.	Salary Desired		_			
5.	When could you start?		_			
6.	Have you ever worked for this Compan	y before?	Yes	N	lo	
	If yes, please specify date, facility/divis	ion and locati	on:			
7.	Have you ever applied for employment If yes, please specify date, facility/divis			Y	es	No

EMPLOYMENT HISTORY:

1. List below the names of all your employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or most recent employer first. You may use the reverse side of this application, if necessary.

EMPLOYER	ADDRESS	EMPLO	ES OF DYMENT TO:	REASON FOR LEAVING	TITLE/NATURE OF WORK	NAME/TITLE OF IMMEDIATE SUPERVISOR	REFERENCE CHECKED BY: [COMPANY USE ONLY]

- 2. Are you employed now? <u>Yes</u> No If yes, may we inquire of your present employer? <u>Yes</u> No
- 3. Do you have any commitments to another employer which might affect your employment with us?

4. Are you subject to any restrictive covenants from prior employment such as agreements to protect confidential or proprietary information or agreements not to compete? If so, please explain.

REFERENCES:

Provide the following information regarding 3 persons not related to you who have known you longer than 1 year:

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED	REFERENCE <u>CHECKED BY:</u> [COMPANY USE ONLY]
1.				
2.				
3.				

EDUCATIONAL DATA:

TYPE OF SCHOOL	NAME AND ADDRESS	MAJOR OR COURSE OF STUDY	GRADUATED (Y OR N)	DEGREE
High School:				
College:				
College:				
Graduate School:				
Trade/Business School:				
Other:				

Subjects of Special Study or Research Work: _____

MISCELLANEOUS:

1.

Were	you in the U.S. Armed Forces?	Yes	No	
1a.	If yes, what Branch?			_
1b.	Dates of Duty? From:		To:	
1c.	Rank at Separation:			_
1d.	Briefly describe your duties:			

Note: This Company does not discriminate on the basis of National Guard or Reserve Unit Duty obligations.

Please list any other information you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. Exclude all information indicative of race, color, religion, sex, sexual orientation, gender identity/expression, ancestry, national origin, age, disability, handicap, pregnancy, genetics or other protected status.

AGREEMENT: (Please read the following statements carefully).

I certify that all information on this application and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and Dorchester House Multi-Service Center and its agents from all liability which may flow from the release of such information.

I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that Dorchester House Multi-Service Center will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of Dorchester House Multi-Service Center. I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Signature: _____ Date: _____

Note: 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 liability.