



**EMPLOYMENT HISTORY**

Beginning with your most recent employer, please list all full-time, part-time or temporary/per diem employment (including volunteer work).

NAME/ADDRESS OF CURRENT & PREVIOUS EMPLOYERS	POSITION & DUTIES	DATES		Salary	Reason for Leaving
		From	To		
1.					
2.					
3.					
4.					

**REFERENCES**

List business Associates and/or individuals *other than relatives* who are familiar with your work.

NAME	ADDRESS	CITY/STATE	PHONE	OCCUPATION

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show Holyoke Medical Center the documents that will prove this. I also understand that I will be required to successfully complete a job-related medical examination, including a urine drug analysis, before employment. Further, I understand that Holyoke Medical Center will investigate my work and personal history, including a Criminal Offender Record Inquiry (CORI), an Office of the Inspector General (OIG) Exclusion Database check, and the Massachusetts Nurse Aide Registry, and verify data given on this application and related papers and/or interviews. I authorize all individuals, schools, and firms named herein to provide any information requested about me, and I release them from all liability for damage in providing the information.

It is the policy of Holyoke Medical Center to require all employees, both full and part-time, to share day, evening, night, weekend and holiday duty in accordance with the requirements of the department to which they are assigned. If applicable, employees may be assigned to different locations in accordance with the needs of the Medical Center. Scheduled work hours of an employee may be changed to coincide staffing levels with patient care or servicing needs, and/or operational or departmental requirements. I understand and accept this policy as a condition of my employment.

I certify that all the statements herein are true and understand that any falsification or misrepresentation of facts stated or implied shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Department	Hiring Bonus Yes <input type="checkbox"/> No <input type="checkbox"/> Amt. \$ _____	Job Class	HH Code	EEO
Position		Position Code	Vac Group	Employee No.

Scheduled Hours \_\_\_\_\_ Shift \_\_\_\_\_  Non-Exempt  Exempt  Full-time  Part-time  Per Diem  Per Diem 3  Per Diem 8  
 Temporary  NOBEN  Non-traditional Shifts (10, 12, etc.) \_\_\_\_\_

Starting Date _____	Starting Salary \$ _____	Salary Range \$ _____ to \$ _____	DOB _____
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**APPROVED BY:**

Dept. Manager \_\_\_\_\_ Human Resources Manager/Administrator \_\_\_\_\_