



Employment Application

These Core Values embody BIDMC's mission and philosophy

Integrity, Respect, Compassion, Excellence, Stewardship and Community

Thank you for applying to BIDMC. Please complete each section of this application.

Personal Data

Legal Name (Last, First, Middle Initial)		Today's Date	
Mailing Address		City	State
			Zip Code
Home Phone	Cell Phone	Work Phone	
Email		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you now or will you at any time in the future require sponsorship to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Specifications

<p>Schedule (please check all boxes that apply to your availability)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Full-time</td> <td><input type="checkbox"/> Days</td> </tr> <tr> <td><input type="checkbox"/> Part-Time</td> <td><input type="checkbox"/> Evenings</td> </tr> <tr> <td><input type="checkbox"/> Temporary</td> <td><input type="checkbox"/> Nights</td> </tr> <tr> <td><input type="checkbox"/> Per Diem</td> <td><input type="checkbox"/> Weekends</td> </tr> </table> <p>Date Available for employment:</p>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Days	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Evenings	<input type="checkbox"/> Temporary	<input type="checkbox"/> Nights	<input type="checkbox"/> Per Diem	<input type="checkbox"/> Weekends	<p>How did you hear of this position?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Agency</td> <td><input type="checkbox"/> Reputation of BIDMC</td> </tr> <tr> <td><input type="checkbox"/> College Recruiting</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Community Group</td> <td><input type="checkbox"/> Networking</td> </tr> <tr> <td><input type="checkbox"/> Employee Referral</td> <td><input type="checkbox"/> Newspaper/Journal</td> </tr> <tr> <td><input type="checkbox"/> Faculty Referral</td> <td><input type="checkbox"/> Temporary to Regular</td> </tr> <tr> <td><input type="checkbox"/> Job Fair/Career Day/Open House</td> <td></td> </tr> </table> <p>Specific source(s)? _____</p> <p>Employee Referral, provide name of employee: _____ Department: _____</p>	<input type="checkbox"/> Agency	<input type="checkbox"/> Reputation of BIDMC	<input type="checkbox"/> College Recruiting	<input type="checkbox"/> Internet	<input type="checkbox"/> Community Group	<input type="checkbox"/> Networking	<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Newspaper/Journal	<input type="checkbox"/> Faculty Referral	<input type="checkbox"/> Temporary to Regular	<input type="checkbox"/> Job Fair/Career Day/Open House	
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Have you ever worked for BIDMC or any of our CareGroup Affiliates in the past? Yes No

If Yes, please list the Affiliate, Dates of Employment and Department:

Affiliate: _____ From: _____ To: _____ Department: _____

Do you have any relative(s) employed at BIDMC? Yes No

If yes, Name(s): _____ Relationship(s): _____

Equal Opportunity/Affirmative Action Employer

BIDMC is an equal opportunity employer and does not discriminate against applicants for employment or employees on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, disability, genetics, military service or veteran status or any other class protected by law. As a federal contractor, BIDMC also is committed to take affirmative action to employ and advance in employment women, minorities, veterans of the Vietnam Era, qualified disabled veterans, other eligible veterans, and disabled individuals.

Education

Education, License, Registration and Certification information will be confirmed as part of the employment process.

School	Name & Location	Years Completed				Course of Study	Did you Graduate	Degree or Diploma Type
High School or Equivalent (GED)		1	2	3	4		Yes / No	
College or School of Nursing		1	2	3	4		Yes / No	
Other: Technical, Vocational Training, Certificate Program, Graduate School, etc.		1	2	3	4		Yes / No	

Employment History

Please list the last three (3) positions you have held, listing the most recent position first. You may include any verified work performed on a volunteer basis and any internship or military experience. It is not sufficient to write "see resume" in this section, even if you attach a resume.. Salary history *must* be included.

Organization Name	Month/Year Start _____	Month/Year End _____
Organization Address	Job Title or position	Salary
Supervisor's Name Telephone # Dept.	Hours worked per week	Reason for leaving
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Medical Licensure/Registration/Certification

1. Do you have a valid, current professional health care or any other type of license, registration, or certification in Massachusetts?
 Yes No Type(s) or #(s) _____, Exp. Date(s): _____
 If you do, is it temporary? Yes No
 If you do not, have you applied? Yes No

2. Do you have a valid, current professional health care or any other type of license, registration or certification in any other State(s)?
 Yes No State(s) _____, Type(s) or #(s) _____, Exp. Date(s): _____

3. Have there been any disciplinary actions and/or sanctions taken regarding your professional health care license, registration or certification?: Yes No If yes, please explain: _____

4. Have there been any restrictions placed on your license, registration or certification? Yes No If yes, please explain: _____

5. If you are a new graduate, are you planning to take your professional examination? Yes No Not Applicable
 If yes, when? _____ In which State? _____

Name Verification

Are your employment or education records under any other name?

If yes, please indicate other name(s):

Date of Change:

Federal Program Authorization

BIDMC is a federal contractor and must ensure that prospective employees are not excluded, debarred, or otherwise ineligible to work within any Federal health care program.

1. To the best of your knowledge, are you eligible to work within all Federal programs? **Yes** **No**
2. Have you been proposed as ineligible to work within any Federal programs? **Yes** **No**

Please Read Carefully and Sign the Statement Below

I certify that the information given above is true and complete. I understand that failure to answer fully and truthfully will disqualify me for employment and for contract, internship and volunteer positions, and, if the relationship already has commenced, will lead to action up to and including suspension or termination of the employment or other relationship

I hereby authorize BIDMC to make direct inquiries regarding my background and character of my prior employers, schools and other individuals and entities, as BIDMC deems appropriate. I hereby release all employers, schools and other individuals and entities from any and all liability in connection with such inquiries. I also understand that I am required to complete forms, separate from this application, that authorize the procurement of Criminal Offender Record Information ("CORI") checks from the Massachusetts Criminal History System Board, and generally that authorize procurement of consumer reports by background checking agencies. I understand that the authorizations described herein apply during the application process and throughout the course of my relationship with BIDMC.

I understand that employment is contingent upon my truthful response to criminal record information questions, satisfactory completion of various background checks, investigations and/or examinations, and my compliance with other employment requirements, such as proof of eligibility to work in the United States.

I understand that if employed, I will be an employee "at will" and my employment may be terminated by myself or by BIDMC at any time, with or without cause and with or without notice. I also understand that no representative of BIDMC, other than the President by a written and signed contract, has the authority to enter into any agreement with me for employment for any specified period of time or to make any other agreement contrary to the foregoing.

Applicant's Signature

Date

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.