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## **CHRISTOPHER HOUSE, INC. EMPLOYMENT APPLICATION**

Christopher House, Inc. is committed to the provision of equal employment opportunities to its applicants regardless of race, age, sex, religion, national origin, disability, color, religious creed, marital status, ancestry, liability for service in the armed forces of the United States, citizenship, sexual orientation, or any other characteristic protected by applicable federal or state laws.

Applications for employment will remain on file for three months.

**Please be sure to complete all information in full.  
Incomplete applications are destroyed**

# CHRISTOPHER HOUSE, INC.

## Employment Application

PERSONAL INFORMATION				
Last Name		First		M.I.      Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (      )
Address	
Full Name	Relationship
Company	Phone (      )

PROFESSIONAL LICENSE      S / CERTIFICATIONS				
Type	State Issued	Date Issued	Expires On	Number
In the past 5 years, have you had any interaction with the Board of Registration regarding your professional license, in this state or any other state?    YES    NO    If "YES" please describe the interaction:				

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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PLEASE NOTE\* This company does C.O.R.I. Checks\*

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM:**

I understand that my employment will be on a 90-day introductory basis and that my employment may be terminated, with or without cause or notice, at any time, at my option or that of Christopher House, Inc. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing. I give Christopher House, Inc. permission to contact any or all of my previous employees and references and authorize them to provide all information requested of them by Christopher House, Inc. I authorize Christopher House, Inc. to obtain, use and rely upon that information in relation to my application. I have provided truthful and complete responses to all inquiries in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed by Christopher House, Inc., I will abide by its rules and regulations, which I understand are subject to change by Christopher House, Inc.

Employment with Christopher House, Inc. is employment-at-will. Commencement of employment is conditioned upon successful completion of a physical exam.

It is unlawful in Massachusetts to require or to administer a lie detector test as a condition of employment or continued employment. An employer who violates that law shall be subject to criminal penalties and civil liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENTS & AFFIRMATIONS**

**After completing the application, please read carefully and sign below**

<p><b>1.</b> I give Christopher House permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal. I further agree to release and hold harmless all persons and entities from liability for doing so.</p>	<p><b>5.</b> In the event of my employment, I agree to comply with all facility rules and regulations as they may be changed from time to time. I understand that this application, nor any other facility document, constitutes an offer or contract of employment. I further understand that my employment is for no stated term and may be terminated with or without cause or notice, at will, by the Christopher House or myself.</p>
<p><b>2.</b> I understand that any offer of employment made to me is conditioned based on satisfactory results of physical examination given by medical personnel approved by Christopher House and to undergo such examination in the event I am offered employment. I also agree to take a physical examination at other times as required by the facility during my employment.</p>	<p><b>6.</b> In the event of resignation or termination, I agree to return all property loaned to me (i.e. badges, uniform, library books, keys, etc...) If these items are not returned, the facility may withhold from me any final compensation due me, monies to cover the value of any unreturned property.</p>
<p><b>3.</b> I understand that any offer of employment made to me is conditioned based on satisfactory result of a Criminal Offender Registry Check (CORI) in accordance with the above mentioned guidelines and policies of Christopher House.</p>	<p><b>7.</b> I understand that any offer of employment is conditioned on my submission of satisfactory proof of legal eligibility to work in the United States.</p>
<p><b>4.</b> I agree that authorized personnel may inspect any personal property carried by me from the facility premises including packages, briefcases or other hand carried items.</p>	<p><b>8.</b> I understand it is the policy of Christopher House, to require all employees to share day, evening, night, weekend and holiday duties in accordance with the needs of the department and facility.</p>

**My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the facility to request any information concerning my application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT TO COMPLETE SECTION 1 ONLY**

**SECTION 1**

I, \_\_\_\_\_, AUTHORIZE MY FORMER EMPLOYERS TO RELEASE  
(PRINT NAME)  
THE BELOW INFORMATION RELATING TO MY EMPLOYMENT HISTORY.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

THANK YOU FOR COMPLETING THIS FORM. PLEASE RETURN TO:

**CHRISTOPHER HOUSE  
10 MARY SCANO DRIVE  
WORCESTER, MA 01605  
ATTN: HUMAN RESOURCES**

**SECTION 2**

APPLICANT'S NAME: \_\_\_\_\_

COMPANY NAME & ADDRESS: \_\_\_\_\_

EMPLOYEE'S POSITION: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY : \_\_\_\_\_  
(Month/Year) (Month/Year)

PLEASE RATE THE FOLLOWING:

	EXCELLENT	FAIR	POOR
JOB PERFORMANCE	[ ]	[ ]	[ ]
Comments: _____			

JOB KNOWLEDGE	[ ]	[ ]	[ ]
Comments: _____			

ATTENDANCE & PUNCTUALITY	[ ]	[ ]	[ ]
Comments: _____			

STRENGTHS: \_\_\_\_\_

WEAKNESSES: \_\_\_\_\_

WOULD YOU REHIRE THIS INDIVIDUAL? YES [ ] NO [ ]

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**APPLICANT TO COMPLETE SECTION 1 ONLY**

**SECTION 1**

I, \_\_\_\_\_, AUTHORIZE MY FORMER EMPLOYERS TO RELEASE  
(PRINT NAME)  
THE BELOW INFORMATION RELATING TO MY EMPLOYMENT HISTORY.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

THANK YOU FOR COMPLETING THIS FORM. PLEASE RETURN TO:

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**SECTION 2**

APPLICANT'S NAME: \_\_\_\_\_

COMPANY NAME & ADDRESS: \_\_\_\_\_

EMPLOYEE'S POSITION: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ SALARY : \_\_\_\_\_  
(Month/Year) (Month/Year)

PLEASE RATE THE FOLLOWING:

	EXCELLENT	FAIR	POOR
JOB PERFORMANCE	[ ]	[ ]	[ ]
Comments: _____			

JOB KNOWLEDGE	[ ]	[ ]	[ ]
Comments: _____			

ATTENDANCE & PUNCTUALITY	[ ]	[ ]	[ ]
Comments: _____			

STRENGTHS: \_\_\_\_\_

WEAKNESSES: \_\_\_\_\_

WOULD YOU REHIRE THIS INDIVIDUAL? YES [ ] NO [ ]

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_