



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.

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

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY; ANSWER ALL QUESTIONS; PRINT CLEARLY IN INK

TODAY'S DATE: _____

PERSONAL

LAST NAME		FIRST		MIDDLE	
HOME ADDRESS		STREET	APT.	CITY	STATE ZIP CODE
HOME PHONE	MOBILE PHONE		IN CASE OF EMERGENCY, NOTIFY (NAME, ADDRESS, TELEPHONE)		
ARE YOU A U.S. CITIZEN? IF NO: ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO					

HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY CHRISTOPHER HOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PROVIDE - DATES: FROM: TO: LOCATION: POSITION:	
HOW DID YOU LEARN OF THIS JOB OPENING?	

JOB INTEREST

POSITION(S) DESIRED:	FIRST CHOICE	SECOND CHOICE		DATE AVAILABLE	SALARY DESIRED	
WORK HOURS/SHIFT PREFERRED:	FULL-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	PART-TIME <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	NIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO	WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

CIRCLE HIGHEST GRADES COMPLETED	GRADE SCHOOL & HIGH SCHOOL												COLLEGE OR GRADUATE SCHOOL					
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
NAME, CITY AND STATE OF SCHOOLS ATTENDED:													MAJOR FIELD:					
LAST HIGH SCHOOL																		
LAST COLLEGE/UNIVERSITY OR NURSING SCHOOL																		
GRADUATE SCHOOL																		
TECHNICAL OR VOCATIONAL SCHOOL																		
LIST COURSES YOU ARE NOW ENROLLED IN:																		

PROFESSIONAL LICENSES/CERTIFICATIONS

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRES ON	NUMBER

PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG (YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARITAL STATUS, SEXUAL ORIENTATION, DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE AND FEDERAL LAWS).

In the past five 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:

F.T. ☐ P.T. ☐ POSITION APPLIED FOR _____ OTHER _____ NAME _____

WORK EXPERIENCE

MAY WE CONTACT YOUR PRESENT EMPLOYER?

☐ YES ☐ NO

WHAT OTHER NAME(S) HAVE YOU WORKED UNDER?

LIST YOUR LAST OR PRESENT EMPLOYER FIRST (INCLUDING VOLUNTEER EXPERIENCE) AND ACCOUNT FOR ANY LAPSE OF TIME BETWEEN EMPLOYMENT.

EMPLOYER	EMPLOYED FROM	MO.	YR.	MO.	YR.
			/	TO	/
ADDRESS	STREET	CITY	STATE	PHONE	
POSITION TITLE					
SUPERVISOR'S NAME AND TITLE			PERSON(S) WE MAY CONTACT FOR REFERENCE		
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

EMPLOYER	EMPLOYED FROM	MO.	YR.	MO.	YR.
			/	TO	/
ADDRESS	STREET	CITY	STATE	PHONE	
POSITION TITLE					
SUPERVISOR'S NAME AND TITLE			PERSON(S) WE MAY CONTACT FOR REFERENCE		
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

EMPLOYER	EMPLOYED FROM	MO.	YR.	MO.	YR.
			/	TO	/
ADDRESS	STREET	CITY	STATE	PHONE	
POSITION TITLE					
SUPERVISOR'S NAME AND TITLE			PERSON(S) WE MAY CONTACT FOR REFERENCE		
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

EMPLOYER	EMPLOYED FROM	MO.	YR.	MO.	YR.
			/	TO	/
ADDRESS	STREET	CITY	STATE	PHONE	
POSITION TITLE					
SUPERVISOR'S NAME AND TITLE			PERSON(S) WE MAY CONTACT FOR REFERENCE		
BRIEFLY DESCRIBE YOUR DUTIES					
REASON FOR LEAVING					

CHRISTOPHER HOUSE, INC.
HUMAN RESOURCES

WRITTEN REFERENCE
CHECK FORM

APPLICANT TO COMPLETE SECTION 1 ONLY

SECTION 1

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

APPLICANT'S SIGNATURE

DATE

THANK YOU FOR COMPLETEING 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 _____
(MONTH/YEAR) (MONTH/YEAR)

PLEASE RATE THE FOLLOWING:

	EXCELLENT	FAIR	POOR
JOB PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

JOB KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

ATTENDANCE & PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

STRENGTHS: _____

WEAKNESSES: _____

WOULD YOU REHIRE THIS INDIVIDUAL? ☐ YES ☐ NO

COMPLETED BY: _____

TITLE: _____