

Employment Application



Nashoba Associated Boards of Health
30 Central Avenue
Ayer, MA 01432

Environmental Health
Public Health

(978) 772-3335 Fax (978) 772-4947

Website: www.nashoba.org

This agency does not discriminate on the basis of race, color, national origin, HIV status, gender, gender identity, disability, marital status, religion, sexual orientation, genetic information, political beliefs and where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

Applicant Information:

Name: (First) (Middle) (Last)	List any previous last name(s) that you may have had in the past:
Home Address : (Street) (City) (State) (Zip Code)	
Mailing Address: (Only if different from Home address)	Home Telephone:
	Cellular Phone:
	E-Mail Address:



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General Information:

What position(s) are you applying for? _____ _____	How did you find out about this position? <input type="checkbox"/> Call to Agency <input type="checkbox"/> Advertisement. List source here: _____ <input type="checkbox"/> Individual. List name here: _____ <input type="checkbox"/> Other: (explain) _____
What date would you be available to begin employment if a position is offered to you? _____	
Can you perform the essential functions of the job you are applying for with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/> If reasonable accommodation is required, please explain here: _____	
If an offer of employment is made to you, the following would be required to confirm this offer: Do you agree to a pre-employment physical and drug testing at a facility chosen by the Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you agree to complete a release form for a C.O.R.I inquiry? Yes <input type="checkbox"/> No <input type="checkbox"/> Could you provide proof of a current driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Could you provide proof you are authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever worked for Nashoba Associated Boards of Health in the past or any other state agency? If yes, please state year at NABH or name of other state agency below. Are you over age 18? Yes <input type="checkbox"/> No <input type="checkbox"/>

Professional Licenses or Certifications:

Please list below any professional licenses, certifications, etc.:			
Type _____	License Number _____	Date Issued _____	Expiration Date _____
Type _____	License Number _____	Date Issued _____	Expiration Date _____
Type _____	Certificate _____	Date Issued _____	Expiration Date _____

Employment Information:

Are you available for full-time employment? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you available for part-time employment? Yes <input type="checkbox"/> No <input type="checkbox"/> List <u>briefly</u> below why you feel you qualify for the position you are applying for at this time: _____ _____ _____ _____	Are you able to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you able to work holidays? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you able to work evenings and weekend on-call rotations if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Educational Background:

Name of School	Location City State	Main Course of Study	Degree /Certification earned

List any additional education or training here:

Professional References: *List 2 people not related to you who can provide work references if requested.*

Name	Address	Email Address	Occupation	Telephone #	Years Known
1.					
2.					

Employment History:

COMPLETE ALL INFORMATION IN FULL. A resume may be included as a supplement to written work history. Begin with your most recent employment, including any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment should be briefly explained. You may use a separate piece of paper to list additional employers. Please answer why you left these positions.

Employer Name		May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	Telephone #	Specific duties or job title
City & State & Zip		
Supervisor		
Dates Employed: From To	Reason for Leaving:	

Employer Name		May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	Telephone #	Specific duties or job title
City & State & Zip		
Supervisor		
Dates Employed: From To	Reason for Leaving:	

Employer Name		May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	Telephone #	Specific duties or job title
City & State & Zip		
Supervisor		
Dates Employed: From To	Reason for Leaving:	



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**RELEASE AND CERTIFICATION
PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that the foregoing information on the employment application will be verified in order to expedite my application for employment with Nashoba Associated Boards of Health, herein identified as NABH. I hereby authorize NABH to conduct a full investigation into my background. I authorize NABH to obtain my previous work records, employment records, school records, obtain character and professional references and any other information it deems necessary in relation for consideration of this position. Further, I grant authority to the keeper of these records to release said records to NABH for the purpose of making its hiring decision. I agree that NABH shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. NABH uses the E-Verify system for verification. I understand that all results from C.O.R.I, pre-employment physical examination, drug screening and licensing boards must be satisfactory before employment, if offered, would begin. Unsatisfactory results would result in the withdrawal of any employment offer made or termination if already employed.

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement (after six months of employment), my **employment will be at-will**, which means that both the Nashoba Associated Boards of Health and I are free to terminate the employment relationship at any time, for any reason or for no reason at all, with or without notice.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions, or answers made by me on this application can result in my immediate termination.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment. I understand that this application is only current for six months.

Applicant's Signature

Date

Applicant's Printed Name

"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." MGL Ch.149, Section 19B