

# TRI-TOWN HEALTH DEPARTMENT

Lee - Lenox – Stockbridge

[www.tritownhealth.org](http://www.tritownhealth.org)

Revised: October 29, 2014

## Application for Employment

The Tri-Town Health Department is an Equal Opportunity Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box applicable:

Title of Position Applying For:	Name (First, Middle Initial, Last):		Maiden name if applicable:
Street Address:	City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where and what is your current position?	
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to any current Tri-Town Health Department employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity? Check all that apply:			
<input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Dept. of Labor			
<input type="checkbox"/> Website <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

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## EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, Year of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)


**WORK EXPERIENCE-** Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **Please Do Not:** complete this information with the notation “See Resume.”

**PLEASE NOTE:** TRI-TOWN HEALTH DEPARTMENT reserves the right to contact all current and former employers for reference information.

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<b>Dates Employed (most recent position)</b> From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
<b>Dates Employed (most recent position)</b> From:            To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Please list 3 other references that we can contact: Name:                                  Relationship:                                  Phone Number:		
1.		
2.		
3.		

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that the first SIX MONTHS of regular employment represent a probationary period.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Email: [info@tritownhealth.org](mailto:info@tritownhealth.org)