



The Austen Riggs Center  
 25 Main Street - P.O. Box 962  
 Stockbridge, MA 01262-0962  
 Fax: (413) 298-4020

## Application for Employment

**Please complete this application accurately and thoroughly.**

The Austen Riggs Center does not discriminate in hiring or any employment action on the basis of race, creed, color, religion, sex, sexual orientation, marital status, results of genetic testing, national origin, age, disability, status as a veteran, Vietnam Era Veteran or being a member of the Reserves or National Guard. No question on this application form is intended to secure information to be used for discrimination.

Your application for employment will remain in our file for six months. During this time period your employment history and skills will be reviewed and evaluated against the criteria of any vacant positions. Your application is our main source of information concerning your qualifications. It is not possible to interview all applicants and therefore, we ask that you be as specific as possible when completing this application. Please feel free to add any information you consider useful in our selection of the most qualified applicant.

### Personal Information (Please print or type)

Last Name	First	Middle Initial	Other Names Used	Today's Date
Address – Street & Number		City	State	Zip
Telephone (inc. area code)		Mobile Phone # (inc area code)		Social Security Number

Are you under 18 years of age?  No  Yes

Are you legally entitled to work in the U.S.?  Yes  No

What is your desired salary range? \_\_\_\_\_

Best time to call \_\_\_\_\_ Can we contact you at work? \_\_\_\_\_

List any relatives who are currently employed at the Austen Riggs Center: \_\_\_\_\_

Position or type of Work Desired 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

#### **Shift Preferred**

- Day  Rotation  
 Evening  Weekends  
 Night  Other \_\_\_\_\_

#### **Seeking**

- Full Time  
 Part Time  
 On Call  
 Summer  
 Temp

#### **Days Available**

- Mon  Thur  Sun  
 Tues  Fri  Holiday  
 Wed  Sat  Rotation

Hours Available \_\_\_\_\_

Date available to begin work? \_\_\_\_\_

### **Special Skills**

<input type="checkbox"/> Admissions	<input type="checkbox"/> Info Systems	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Other
<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Medical Billing	<input type="checkbox"/> Transcription	_____
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Word Processing (WPM _____)	<input type="checkbox"/> Presentations	_____
<input type="checkbox"/> Database Mgt	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Email	
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Payroll	List Computer Skills/Software Used	
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Spreadsheets	_____	
<input type="checkbox"/> Microsoft Office <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Outlook <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint			

**Austen Riggs is an Equal Opportunity Employer**

**Employment** (Please list current/most recent employer first (Include any work performed on a volunteer basis).

Company Name	Address
Name of Supervisor	Telephone
Dates of Employment	Title
Ending Wage	Reason for Leaving
May we contact employer? ___yes ___no If no, why not?	Full-Time ___ Part-Time ___ Relief ___

Company Name	Address
Name of Supervisor	Telephone
Dates of Employment	Title
Ending Wage	Reason for Leaving
May we contact employer? ___yes ___no If no, why not?	Full-Time ___ Part-Time ___ Relief ___

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**Education**

High School (Name and City)			High School Diploma ___ yes ___ no GED ___ yes ___ no	
College or Other Schools Attended	Location (City/State)	Did You Graduate	Diploma or Degree	Course of Study
				Major Minor
				Major Minor
				Major Minor

**Other Training Programs/Achievements**

Program Attended	Location (City/State)	Dates Attended	Certificate or Diploma Received
Indicate any academic honors you have received and the institutions that granted them to you.			

## U.S. Military Service

Branch of Service	Date Entered	Date Separated	Type of Discharge
Nature of duties and special training received:			

## Professional Licenses, Certifications and/or Registrations

Type	State Issued	Date Issued	Expires	No.

UPON HIRE WE WILL REQUIRE PROOF OF LICENSURE

## Professional References (list 3)

Name	Address	Phone	Title

## AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN

I give permission to the Austen Riggs Center 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 in this application may result in denial of employment or immediate dismissal.

I agree to be photographed by the Austen Riggs Center following employment.

I understand that any offer of employment made to me by the Austen Riggs Center is conditioned on satisfactory results of a background check, references, and fit-for-duty physical examination. I also agree to take a physical examination at such other times as required by the ARC during the period of my employment.

If employed by the Austen Riggs Center, I agree to comply with all ARC rules and regulations and further understand that these work rules may be changed from time to time. I understand that neither this employment application nor any other ARC document constitutes a personal contract of employment.

In the event that I decide to leave ARC, I agree to give proper notice of resignation. In the event of resignation or termination, I agree to return all ARC property provided to me as an employee such as personal computer, mobile phone, library books, Keys, etc.

I understand that any offer of employment made to me by ARC is conditioned on my submission of satisfactory proof of my legal eligibility to work in the United States.

ARC complies with Massachusetts law that prohibits employers from administering a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.

**If selected I understand that my employment is for no stated term and may be terminated at will by me or The Austen Riggs Center.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**PLEASE COMPLETE THE ENTIRE BACK PAGE**

In answering the following questions you may omit any information or answer "no record" with regard to any conviction for which there is a sealed record on file with the Commissioner of Probation. In answering the following question(s) you should omit first convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.

Have you been convicted of a felony within the last five years? \_\_\_ yes \_\_\_ no If yes, give date and details of convictions:

Have you been convicted of a misdemeanor within the last five years? \_\_\_ yes \_\_\_ no If yes, give the dates and details:

Have you ever been discharged from or disciplined by a former or current employer? \_\_\_ yes \_\_\_ no If yes, for what reason(s)?: \_\_\_\_\_ Dates: \_\_\_\_\_

**The Austen Riggs Center**  
25 Main Street, Stockbridge, MA 01262

**BACKGROUND INVESTIGATION CONSENT FORM**

I, \_\_\_\_\_, hereby authorize The Austen Riggs Center (ARC), and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, motor vehicle records, criminal or policy records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application/Resume and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Austen Riggs Center.

**Continuation of employment will be contingent until the results of the background checks are completed and there are no discrepancies. An offer may be rescinded based on the information received as a result of a background check. If there is a discrepancy of information received, a copy of the report will be provided.**

I release ARC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number\* (to be used for background check purposes)

\_\_\_\_\_  
Other names used for work or school

Name \_\_\_\_\_

PLEASE PRINT

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_