

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 ___

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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 _____