

AUSTEN RIGGS CENTER

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 Name Middle Initial Other Names Used Today's Date

Address – Street & Number City State Zip Telephone

Email Address Mobile Phone # 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 _____ May we contact you at work? Yes No

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/Per Diem
 Temporary
 Summer

Days Available

- Mon Thu Sun
 Tue Fri Rotation
 Wed Sat

Hours Available: _____

Date available to begin work? _____

Special Skills

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Payroll | <input type="checkbox"/> Email |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Medical Billing | <input type="checkbox"/> Switchboard | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Word Processing WPM: _____ | <input type="checkbox"/> Transcription | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Presentations | <input type="checkbox"/> _____ |

- Microsoft Office Word Excel Outlook Access PowerPoint

List computer skills/software used: _____

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	Your Job Title
Responsibilities	Reason for Leaving
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief

Company Name	Address
Name of Supervisor	Telephone
Dates of Employment	Your Job Title
Responsibilities	Reason for Leaving
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief

Company Name	Address
Name of Supervisor	Telephone
Dates of Employment	Your Job Title
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May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief

Education

High School (Name and City)			High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> 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

License 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

Have you ever been discharged from or disciplined by a former or current employer? Yes No
If yes, for what reason(s)?

Dates: _____

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