CAMPION CENTER, INC. APPLICATION FOR EMPLOYMENT

Please read before filling out this application:

The Campion Center, Inc. will not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sexual orientation, ancestry, age, disability, handicap or veteran status.

No question on this application is intended to secure information to be used for such discrimination.

		Date	
NameLast	First	Mid	dle
	T not	- Wild	
Present Address Number Street		City	State Zip
Are you over 18 years of age?	s 🗆 No Employee mu	ust be 18 years of age to w	ork at Campion.
Telephone # ()	Social Security # I	Must be provided if job offe	er is presented
Cell # ()	Email address:		
Are you legally authorized to work in the United	I States? Yes	No	
Note: If you are hired, you will be required to su	Ibmit proof of legal right to wo	rk in the United States.	
Position(s) applied for			
Would you work Full-Time Par Regular Ter	t-Time Specify da nporary If tempora	ays & hours ary, how long?	
Would you work any shifts? Yes	No When wo	uld you be available to start?	
Have you ever worked at the Campion Center I	pefore? If yes, plea	ase specify date and position	I
Referral source: () Advertisement	() Friend/Relative	() Agency	() Other
	RECORD OF EDUCATIO	ON	
School			
High School Name of School	Location		Graduated? Yes or No
College or University	Major Course of Study	Degree	Graduate/Professional
Other			Degree
	BUSINESS REFEREN		
List three (3) busine	ess references who have know	vn you at least one (1) year.	Number of
Name and Occupation	Address	Tele	phone # Years Acquainted
1			
2			
3			
Person to notify in case of emergency			
Address		Telephone #	

List below all present and past employment, beginning with your most recent.

Employer	Your position and duties:	Start Date
Street		End Date
City, State & Zip		Part-Time Full-Time
Telephone # Name/Title of Immediate		Salary
Supervisor Are you employed now? Yes No If yes	, may we inquire of your present employe	er? Yes <u>No</u>
Employer	Your position and duties:	Start Date
Street		End Date
City, State & Zip		Part-Time Full-Time
Telephone # Name/Title of Immediate Supervisor		Salary
Reason for Leaving	May we inquire of this emp	loyer? Yes <u>No</u>
Employer	Your position and duties:	Start Date
Street		End Date
City, State & Zip		Part-Time Full-Time
Telephone # Name/Title of Immediate Supervisor		Salary
Reason for Leaving	May we inquire of this emp	loyer? Yes <u>No</u>
MISCELLANEOUS:		
Were you in the U.S. Armed Forces? Yes Dates of Duty? From: To: Briefly describe your duties: To:	No If yes, what Branch? Rank at Separation:	

Note: This Company does not discriminate on the basis of National Guard or Reserve Unit Duty obligations.

Additional Information about your qualifications:

Please list any other information you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, disability or handicap.

(More complete details may be attached on a separate piece of paper)

Do you have any commitments to another employer which might affect your employment with us?

Are you subject to any restrictive covenants from prior employment such as agreements to protect confidential or proprietary information or agreements not to compete? If so, please explain.

AGREEMENT: (Please read the following statements carefully).

I certify that all information on this application and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise, noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and Campion Center, Inc. and its agents from all liability which may flow from the release of such information.

I understand that if I receive an offer of employment, it is conditional pending a criminal background check, which is necessary for Campion Center to comply with legal requirements of our health center.

I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that Campion Center, Inc. will similarly enjoy the right to terminate my employment, at any time, <u>with or without cause</u>. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representitive of Campion Center, Inc. I further acknowledge that I am expected to abide by all Company rules, regulations and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Date

Digital Signature (please type name)

Note: 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.

Revised 02/20/2014