



Healing and caring for the
community for over 150 years.

To All Applicants:

Thank you for your interest in job opportunities at The Dimock Center. Due to the large volume of applicants, we cannot contact all candidates. However, if your qualifications are a match with our requirements, your resume/ application will be forwarded to the appropriate hiring manager and a company representative will be contacting you.

Qualified candidates should be contacted via email or phone within 2-3 weeks. If you do not hear from anyone within that time period, you do not meet the criteria for the position in question. Please note that we cannot process inquiries that do not have a valid resume.

The success of The Dimock Center is built on the talent and energy of outstanding people, so we very much appreciate your interest in working with our company.

Sincerely,
Your Human Resources Department

AN EQUAL OPPORTUNITY EMPLOYER



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Employment Application

Last Name: _____ First Name: _____ M.I. _____ Date: _____

Street Address: _____ Apt./Unit _____

City: _____ State: _____ Zip Code: _____

Phone: _____ email: _____

Date Available: _____ Desired Salary: _____

Position Applied for: _____

Desired Employment Status, Please Circle: Full-Time Part-time Per Diem

Please specify the days and hours you are available to work: _____

Are you able to perform duties of desired position with or without reasonable accommodation? _____

Do you have any relatives employed here? _____ If yes, which department? _____

Name & Relationship: _____

How did you hear about this position? _____

Are you legally eligible to work in the United States? _____

Have you ever worked for the Dimock Center? _____ If yes, when and which department? _____

Education

High School: _____ City, State _____

Did you graduate? _____ Diploma: _____

College: _____ City, State: _____

Did you graduate? _____ Degree: _____

Other: _____ City, State: _____

Did you graduate? _____ Degree/Certificate: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Federal Program Authorization

BIDMC is a federal contractor and must ensure that prospective employees are not excluded, debarred, or otherwise ineligible to work within any Federal health care program.

- | | | |
|---|---------------------------------|--------------------------------|
| 1. To the best of your knowledge, are you eligible to work within all Federal programs? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Have you been proposed as ineligible to work within any Federal Programs? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Disclaimer and Signature

Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.

Receipt of this application and the granting of an interview do not imply that the applicant will be hired.

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.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditional upon satisfactory replies from my reference and all physical examination requirements. I understand that employment is at-will and for no stated term and may be terminated by me or The Dimock Center, Inc. at any time.

If employed by The Dimock Center I will comply with all Health Center's policies and regulations and I understand that if my employment is terminated for any reason, I must return all Health Center property in my custody including keys, identification badge, manuals and equipment before I am entitled to final payment of any sum which may otherwise be due me upon separation from employment.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Health Center with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information. I release and indemnify The Dimock Center against any liability which might result from requesting such information.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

EEO Voluntary Self- Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Therefore, we are asking employees to complete a voluntary self-identification sheet below so that we can properly update our records according to these reporting requirements.

Completion of this date is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for statistical reporting purposes only and will be kept separate from all other personnel records. Please return completed forms to the Human resources Department.

Full Name: _____ **Date:** _____
Last First M.I.

Gender: Male Female

Race/ Ethnicity

(Please check only one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Date Completed: _____

Voluntary Veteran Self- Identification

Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employee are requested to provide the information below so that our company can comply with these important federal mandates. **Provision of the information requested below is voluntary and will be treated as confidential. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accords with the regulations implanting 38 U.S.C 4212.**

I am NOT a veteran.

Special disabled veteran (check if either or both categories apply to you): (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary for a disability rated at (a) 30 percent or more, or (b) 10 or 20 percent in the case of a veteran who has been determined under section 3106 of this title to have a serious employment handicap; or (2) a person who was discharged or released from active duty because of a service-connected disability.

Veteran of The Vietnam-Era (check if either or both that apply to you): A veteran who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred:

1. in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or
2. between August 5, 1964 and May 7, 1975 in all other cases, or
3. a veteran who was discharged or released from active duty for a service-connected disability if any such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases.

Other Veterans (check if either or both categories apply): (A) Veterans who actively served at any point between December 7, 1941 and April 28, 1952; or (B) Veterans who served on active duty in a campaign or expedition for which a campaign badge has been authorized. The Campaigns or Expeditions that meet this criterion as of August 31, 1999 are identified on page 3 of this form. A veteran qualifies under this criterion ONLY based upon military service IN the identified campaign or expedition and NOT simply based on any military service during the time of the campaign or expedition. The campaign badges, service medals, and expeditionary medals that qualify under this criterion are listed on the veteran's "Armed Forces of the U.S. Report of Transfer of Discharge," commonly known as the DD-214 form, if the veteran meets this criterion.

For additional help in determining this qualification, please go to:
<http://www.opm.gov/veterans/html/vgmedal12.htm>

List Campaign(s) you served in: _____

Newly Separated Veterans

- A veteran discharged or released from active duty within the last one year period.
- Date of release from service: _____

Decline Self Identification: If you do not wish to self-identify your Veteran status

I do not wish to self-identify.

Signature: _____