

**Whitcomb House**

245 West Street • Milford, Massachusetts 01757  
Tel. 508-634-2440 • Fax 508-473-6366 • Living@Whitcombhouse.com

**Application for Employment**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Do you have work papers?  Yes  No

Have you been convicted of a felony?  Yes  No

*(Whitcomb House cannot employ anyone who has been convicted of a felony).*  
Are you a U.S. Veteran?  Yes  No

Branch of Service: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you willing to work: (Check all that apply)

Full Time  Part Time  On Call:

Days:  
Days Available:  Any Day  Mon.-Fri.  Weekends:

Evenings:  
Evening Available:  Any Evening  Mon.-Fri.  Weekends:

Nights:  
Nights Available:  Any Night  Mon.-Fri.  Weekends:

**Education**

(Name and location of school)

High School: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Program: \_\_\_\_\_

College or University: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Degree: \_\_\_\_\_

Are you a Certified Nurses Aide?       Yes  No  
(at least 54 hours of training)

Are you a certified Home Health Aide?       Yes  No  
(at least 54 hours of training)

Training and  
Certification programs: \_\_\_\_\_

Do you have a valid Driver's License?       Yes  No

Do you have an automobile?       Yes  No

When are you available to start? \_\_\_\_\_

**Previous Employment**

(begin with most recent position)

**Most Recent**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer**

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please summarize your special skills or qualifications:

\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in Whitcomb House?

\_\_\_\_\_  
\_\_\_\_\_

**References**

Please furnish the name and addresses of two people by whom you have been employed or supervised.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

I authorize you to make such personal investigations and inquiries of my personal, employment, credit, criminal, educational or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may lead to my dismissal.

All potential applicants are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_