

Employment (List current/most recent employer first. You may include any verified 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? <input type="checkbox"/> yes <input type="checkbox"/> no If no, why?	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Relief <input type="checkbox"/>

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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 which 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 Berkshire Health Systems 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 called for in this application may result in denial of employment or immediate dismissal.

I agree to be photographed by Berkshire Health Systems following employment.

I understand that any offer of employment made to me by Berkshire Health Systems is conditional based on satisfactory results of a background check, references, drug testing and physical examination given by medical personnel approved by Berkshire Health Systems and to undergo such an examination in the event I am offered employment by Berkshire Health Systems. I also agree to take a physical examination at such other times as required by Berkshire Health Systems during the period of my employment.

I agree that any personal property carried by me from Berkshire Health Systems premises, including packages, briefcases or other hand carried items may be inspected by authorized personnel.

If employed by Berkshire Health Systems, I agree to comply with all Berkshire Health Systems rules and regulations as they may be changed from time to time. I understand that neither this employment application nor any other Berkshire Health Systems document constitutes personal contract of employment.

In the event that I decide to leave Berkshire Health Systems, I agree to give the medical center proper notice of resignation. In the event of resignation or termination, I agree to return all Berkshire Health Systems property loaned to me such as identification badges, uniforms, library books, keys, etc.

I understand that any offer of employment made to me by Berkshire Health Systems is conditioned on my submission of satisfactory proof of my legal eligibility to work in the United States.

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.

If selected I understand that my employment is for no stated term and may be terminated at will by me or Berkshire Health Systems.

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 medical 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 mission of BHS is to improve the health of the people of Berkshire County and surrounding communities, regardless of their ability to pay.

Our Vision

BHS will be nationally recognized as a premier healthcare organization, delivering the highest-quality, patient-centered care in a learning environment.

Our Customer Service Standards

- Ownership:** Take Pride in Our Organization As If You Own It!
- Appearance:** Remember that Professional Dress and Demeanor Build Customers’ Confidence in Us.
- Communication:** Take the Initiative to Obtain or Provide Prompt, Accurate, and Complete Information.
- Commitment to Co-Workers:** Treat One Another With Respect, Honesty, and Courtesy.
- Privacy:** Respect and Protect Others’ Right To Privacy and Confidentiality.
- Waiting Customers:** Explain What You are Doing and What They Can Expect in Terms They Will Understand. Keep People Informed.
- Safety Awareness:** Share Responsibility for Ensuring A Safe Environment.
- Comfort:** Ensure the Comfort of Our Patients and Their Families
- Attitude:** Seek to Exceed Our Customers’ Expectations By Providing High Quality Service With Care, Compassion, and Courtesy.

At BHS we expect all employees to support Planetree Customer Service Standards. We believe in fostering an environment of trust, respect, cooperation and dignity. Providing the best care to our patients and their families is done by working as a team and maintaining clear and open communication.

APPLICANT PLEDGE: If selected as an employee, I pledge to do my part to support the mission and to put this intention into action through my interaction with patients, families, the physician community and BHS staff.

Applicant signature: _____ Date: _____

Please print name: _____

BERKSHIRE MEDICAL CENTER/ BERKSHIRE HEALTH SYSTEMS
725 North Street, Pittsfield, MA 01201 Phone (413) 447-2784 Fax (413) 447-2091

BACKGROUND INVESTIGATION CONSENT FORM

I, _____, hereby authorize Berkshire Health Systems, 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 Berkshire Medical Center/Berkshire Health Systems.

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 Berkshire Health Systems 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 _____

NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment. Berkshire Medical Center/ Berkshire Health Systems is an Equal Opportunity Employer and does not discriminate 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.

FOR EMPLOYER USE ONLY – DO NOT COMPLETE ITEMS BELOW THIS LINE

Employer Section

Employer Contact Person: _____ **Date** _____

DOB: _____