



**Walnut Street Center, Inc.**  
 35 Charlestown Street, Somerville, MA 02143  
 617.776.1448

**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT ALL REQUIRED INFORMATION. ONLY APPLICATIONS THAT ARE COMPLETE WILL BE CONSIDERED.

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE	
OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN			
ADDRESS (NO. STREET)	CITY	STATE	ZIP
Mailing Address, if different from Street Address:			
HOME NUMBER	CELL PHONE	EMAIL ADDRESS	
HAVE YOU WORKED FOR WALNUT STREET CENTER PREVIOUSLY? IF YES PLEASE LIST DATES AND LOCATION.			
Do you have a relative or significant other presently employed with the company? <input type="checkbox"/> YES <input type="checkbox"/> NO If , yes please list name and relationship:			
Were you referred by a current or former Walnut Street Center, Inc. employee? <input type="checkbox"/> YES <input type="checkbox"/> NO If, yes please indicate name of referring employee:			
Are you legally authorized to work in the US? <i>(Proof of eligibility will be required for employment)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO.		If, no do you have a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a current driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**HOW DID YOU LEARN ABOUT US**

NEWSPAPER AD <input type="checkbox"/> (Please Specify)
INTERNET <input type="checkbox"/> (Please Specify)
JOB FAIR/OPEN HOUSE <input type="checkbox"/> SCHOOL
OTHER <input type="checkbox"/> (Please Specify)

**EMPLOYMENT DESIRED**

Work Schedule desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Relief/Per Diem <input type="checkbox"/> Other (please specify) : _____
Days available to work: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Hours you are available for work : <input type="checkbox"/> Day (approx: 8:30a-4:30p) <input type="checkbox"/> Evening (approx 3p-11p) <input type="checkbox"/> Overnight (approx 11p-9a) Asleep or Awake
Date available: _____      Starting rate of pay desired: _____
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? (if you have any questions as to what functions are relevant to the position to which you are applying please ask interviewer prior to answering.) <input type="checkbox"/> YES <input type="checkbox"/> NO

## EDUCATION

Type	Name and location of school	Area of concentration	Did you Graduate?	Type of Diploma, Degree or Certification Received?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Proof of highest level of education will be required upon hire.*

## LICENSES/CREDENTIALS

Type	License Number	Date Issued	Date Expires

*Proof of licensure/credentials will be required upon hire.*

## ADDITIONAL INFORMATION

Please list any additional knowledge, training, skills, internships and/or qualifications relevant to the position you have applied for (*such as industry specific training*):

Why are you interested in working for the Walnut Street Center, Inc.

## EMPLOYMENT HISTORY

PLEASE LIST YOUR JOB HISTORY FOR THE PAST TEN YEARS OR LAST FOUR EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. PLEASE INCLUDE MILITARY SERVICE. DO NOT INCLUDE INTERNSHIPS.

Name of Employer:	Address:	Phone Number:
Dates of Employment		
From: _____/_____/_____ (month/year) To: _____/_____/_____ (month/year) Starting hrly rate: _____ Final hrly rate: _____		
Please list your job title and responsibilities:		
Name and title of immediate supervisor:		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please explain reason for leaving:		

Name of Employer:	Address:	Phone Number:
Dates of Employment		
From: _____/_____/_____ (month/year) To: _____/_____/_____ (month/year) Starting hrly rate: _____ Final hrly rate: _____		
Please list your job title and responsibilities:		
Name and title of immediate supervisor:		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please explain reason for leaving:		

Name of Employer:	Address:	Phone Number:
Dates of Employment		
From: _____/_____/_____ (month/year) To: _____/_____/_____ (month/year) Starting hrly rate: _____ Final hrly rate: _____		
Please list your job title and responsibilities:		
Name and title of immediate supervisor:		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please explain reason for leaving:		

Name of Employer:	Address:	Phone Number:
Dates of Employment		
From: _____ / _____ (month/year) To: _____ / _____ (month/year) Starting hrly rate: _____ Final hrly rate: _____		
Please list your job title and responsibilities:		
Name and title of immediate supervisor:		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please explain reason for leaving:		

Please use the back of this page if you need more space

Please explain any gaps in employment of longer than 1 (one) month. List the date(s) and reason(s):

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**Professional References:** *previous supervisors preferred.*

Name:	Title:	Employers Name:
Phone Number:	Email address:	Was this person a direct supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name:	Title:	Employers Name:
Phone Number:	Email address:	Was this person a direct supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO

Name:	Title:	Employers Name:
Phone Number:	Email address:	Was this person a direct supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO

# APPLICANT'S CERTIFICATION AND AGREEMENT

## PLEASE READ CAREFULLY BEFORE SIGNING

### EEO POLICY

Walnut Street Center, Inc. and all its subsidiaries and affiliates maintain a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, Walnut Street Center, Inc. and all its subsidiaries and affiliates hires, trains and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, sexual orientation, age, religion, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans of the Vietnam Era.

### Certifications

I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specific term. I understand and agree that I may resign my employment with Walnut Street Center, Inc. and all its subsidiaries and affiliates at any time for any reason, and that my employment may be terminated at the will of Walnut Street Center, Inc. and all its subsidiaries and affiliates at any time for any reason. I also understand that any handbooks, manuals, policies and procedures maintained by Walnut Street Center, Inc. and all its subsidiaries and affiliates are not contractual in nature and may be amended or abolished at the sole discretion of Walnut Street Center, Inc. and all its subsidiaries and affiliates. I understand that to the extent that any policies and/or procedures set forth by Walnut Street Center, Inc. directly conflict with the terms of any applicable collective bargaining agreement (CBA) covering my position, the CBA shall govern.

Pursuant to the Immigration Reform and Control Act, Walnut Street Center, Inc. and all its subsidiaries and affiliates will employ only those individuals who are eligible to work in the United States. Accordingly, upon hiring, all new employees will be required to demonstrate their eligibility to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

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 penalties.

I certify that I have read, understand and will adhere to the aforementioned statement.

I also certify that the information furnished in this application and any supporting documents is true and complete to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material fact on this or on any other record submitted pertinent to employment will constitute grounds for immediate termination.

I hereby authorize my former employers, schools, persons listed herein to release information pertaining to my education or work record, my work habits and my work performance, and release Walnut Street Center, Inc. from any liability in connection with efforts to verify and/or receive references regarding my employment or educational history.

I hereby certify as follows: a) I have not been convicted of any criminal offense that precludes employment in a behavioral health provider; b) I am not excluded from participating in any federal health care or health care related programs; c) I am not listed on the List of Excluded Individuals/Entities of the Office of the Inspector General; and d) I am not listed on the Excluded Party List System of the General Services Administration

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

