



Gosnold *a bridge back on Cape Cod*
An equal opportunity employer

200 Ter Heun Drive
Falmouth MA 02540
(508) 540-6550 (V/TTY)
Fax: 508-540-7480
www.gosnold.org

EMPLOYMENT APPLICATION
PLEASE PRINT

NAME: LAST		FIRST	MIDDLE	SOCIAL SECURITY #	
ADDRESS: STREET		CITY		STATE	ZIP CODE
TELEPHONE #		MOBILE/BEEPER/OTHER NUMBER		EMAIL ADDRESS	
What is the best time and number at which to reach you?					
POSITION (S) APPLYING FOR:			DATE OF APPLICATION		
Where did you hear about job opportunities at Gosnold?					
Have you submitted an application here before? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information <input type="checkbox"/>		
Have you ever been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates:			<p><i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at the later stage to the extent permitted by law.</i></p> <p>There are specific positions within the Gosnold system that have the potential for unsupervised contact with program clients. Those positions may include Dietary positions, Counselors, Recovery Aides, Maintenance and Housekeeping. If you are applying for one of these positions, you must give your consent to a Criminal Offender Record Information (CORI) check.</p> <p>Gosnold, Inc. is licensed by the Massachusetts Department of Public Health, which falls under the executive Office of Health and Human Services, and we are required to follow 101 CMR 15.00 (EOHHS CORI REGULATIONS) in our hiring process.</p> <p>The criminal background check will only occur after the prospective employee has been deemed otherwise qualified for the position and given a conditional offer of employment subject to consideration of any criminal record.</p> <p>If you have any specific questions regarding this process, you may contact the Gosnold Human Resources Office or via email at jobs@gosnold.org.</p>		
Are you legally eligible for employment in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Date available to begin work:					
What is your desired salary range and hourly rate of pay?					
Type of employment desired: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship <input type="checkbox"/>					
Type of work schedule interested in (check all that apply): <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends					
Will you work overtime if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:					
Driver's license number required if driving may be required in the job for which you are applying: NUMBER STATE					

EMPLOYMENT HISTORY: List all previous employers starting from your most recent employer. You may include verified work performed on a volunteer basis. Attach an additional sheet if needed.

Present or Last Employer:	Address:	Dates employed:	From	To
		Rate of pay	Starting	Final
Starting job title/final job title:	Duties:			
Immediate Supervisor and Title:	Phone #	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?				
What did you like most about your position?				
What were the things you liked least about the position?				
<hr/>				
Employer:	Address:	Dates employed:	From	To
		Rate of pay	Starting	Final
Starting job title/final job title:	Duties:			
Immediate Supervisor and Title:	Phone #	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?				
What did you like most about your position?				
What were the things you liked least about the position?				
<hr/>				
Employer:	Address:	Dates employed:	From	To
		Rate of pay	Starting	Final
Starting job title/final job title:	Duties:			
Immediate Supervisor and Title:	Phone #	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?				
What did you like most about your position?				
What were the things you liked least about the position?				

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

SKILLS AND QUALIFICATIONS: Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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Computer Skills (Check appropriate boxes. Include software titles and years of experience)

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Internet
<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> Other
<input type="checkbox"/> Presentation	<input type="checkbox"/> Other
<input type="checkbox"/> E-mail	<input type="checkbox"/> Other

EDUCATIONAL BACKGROUND: Starting with your most recent school attended, provide the following information.

School	Major	Degree/Diploma	Licenses, Special Training, Certifications, etc.
High School/ Tech School			
College			

REFERENCES: List name and telephone number of three business/work references that are not related to you.

Name	Relationship	Telephone	Numbers of years known

RELATED INFORMATION: To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provide by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manger, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demand, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

PLEASE READ AND SIGN NEXT PAGE

THE GOSNOLD MISSION AND PHILOSOPHY

Gosnold's mission is to *excel in addiction and mental health treatment, to serve men, women and families affected by these illnesses and to promote lasting recovery.*

To accomplish this mission we will:

- Develop and implement an innovative, cost-effective and integrated continuum of quality treatment programs and make them available to all persons, regardless of their ability to pay;
- Attract, develop and train a staff of qualified, motivated and dedicated professionals and encourage and empower them to continuously strive for excellence in program and organizational performance;
- Work cooperatively, and establish linkages with, other health and human service providers, to develop clinical strategies that improve treatment outcomes;
- Respect the dignity and diversity of all individuals;
- Maintain a commitment to honesty, integrity and unquestionable ethics in our interactions with patients, their families, other professionals and members of the community;
- Establish and maintain a safe, accessible and aesthetically pleasing environment of care that enhances the dignity of individuals and ensures the safety of patients, staff and visitors.

Gosnold's treatment philosophy is based on the beliefs that:

- Addiction and mental illness are diseases that adversely affect individuals and families in all major life areas.
- The chronic nature of these diseases requires that patient recoveries be managed over an extended period of time in increasingly less intensive settings'
- Because whole families are affected by addiction and mental illness, treatment should involve the family and other significant persons, especially children.
- A continuum of services should be available to patients and treatment should occur in the least restrictive setting consistent with presenting problems and diagnoses.
- Total abstinence from mind-altering drugs is necessary for lasting recovery from addiction, except in instances where medical necessity dictates the use of such drugs.
- The recovery principles of self-help groups are of major importance in recovery and patients and their families are encouraged to become involved with these groups.
- Treatment should be provided by competent, qualified personnel in settings that are safe, healthy and accessible to patients and their families.

APPLICANT SIGNATURE: _____ **DATE:** _____



Gosnold, Inc., 200 Ter Heun Drive, Falmouth, MA 02540

Voluntary Affirmative Action Information

It is the policy of **Gosnold, Inc.** to provide equal employment opportunities to all qualified applicants and employees regardless of race, religion, color, sex, age, national origin, marital status, mental or physical disabilities, special disabled veteran or Vietnam era veteran status.

Your completion of the information below is entirely voluntary. This information is requested solely to enable Gosnold to meet government record keeping, reporting and other legal obligations. The information will be kept in the strictest confidence. Return this form to Human Resources, 200 Ter Heun Drive, Falmouth, MA. This information will not become a part of your personnel file. Inclusion or exclusion of any of the data will not affect any employment decision. Your cooperation is appreciated.

Position(s) Applied For: _____ Date: _____

Name (please print): _____

Gender (check one): Male Female

EEO Self Identification (check one):

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

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

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

Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native: A person with origins in any of the original peoples of North and South America and who maintains cultural identification through tribal affiliation or community recognition.

Two or More Races: All persons who identify with more than one of the races above, excluding Hispanic or Latino. Please check all that apply.

Veteran Status Information

Disabled Veteran: Yes No

A person entitled to disability compensation for a disability rated at 30 percent or more, or rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era: Yes No

A person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Disabled Individual: Yes No

A person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.