MASSACHUSETTS
TC CLINICAL GROUP

Application for Employment

Applicant's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone Number: _____

Are you 18 years of age or older?
❑ Yes ❑ No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?
❑ Yes ❑ No

Position Desired

Primary: _____ Secondary: _____

Start date available: _____ Do you prefer? ❑ Full-time (32-40 hrs) ❑ Part-time (29 hrs & under)

What days are you available to work?

❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday

Are you available to work? ❑ Holidays ❑ Nights

Wage desired? $ _____ ❑ Hourly ❑ Biweekly ❑ Annually

Have you had a prior relationship with MA TC Clinical Group's parent organization, Adult & Teen Challenge Northeast?

❑ Resident ❑ Graduate ❑ Former Employee

If yes, where? _____

From: Month _____ Year _____ To: Month _____ Year _____

Former Director/Supervisor(s): _____

How did you hear about this opportunity? _____

Why do you want to work for MA TC Clinical Group? _____

_____

Education

High School:	Course of Study:	Graduated? ❑ Yes ❑ No
Technical School:	Course of Study:	Graduated? ❑ Yes ❑ No
College/University:	Course of Study:	Graduated? ❑ Yes ❑ No
Post-Graduate Education:	Course of Study:	Graduated? ❑ Yes ❑ No
Other education, training or special skills:		

Licenses and Certifications

License / Certification Name: _____

License Number: _____ Date Achieved: _____ Renewal Date: _____

License / Certification Name: _____

License Number: _____ Date Achieved: _____ Renewal Date: _____

License / Certification Name: _____

License Number: _____ Date Achieved: _____ Renewal Date: _____

Skills

Are you experienced in using personal computers? ❑ Yes ❑ No If yes: ❑ PC ❑ Mac

Are you experienced in using smart devices (tablets, phones)? ❑ Yes ❑ No If yes: ❑ Apple ❑ Android

Are you experienced in using Microsoft Word? ❑ Yes ❑ No Typing speed (WPM): _____

Are you experienced in using Microsoft Power Point? ❑ Yes ❑ No

Are you experienced in using Microsoft Excel? ❑ Yes ❑ No

Are you experienced in using Adobe Suite? ❑ Yes ❑ No

If yes, which tools: ❑ Photoshop ❑ Illustrator ❑ InDesign ❑ Lightroom

What social media are you experienced with? ❑ Facebook ❑ X (Twitter) ❑ LinkedIn ❑ Snapchat

List any other software programs you are familiar with: _____

Employment Experience

Please list your last three previous employments, beginning with the most recent.		
Employer:	Address:	
From: To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		
Email:		Phone Number:
May we contact this employer?: ❑ Yes ❑ No		
Description of Duties:		
Starting Compensation (Optional):	Final Compensation (Optional):	
Employer:	Address:	
From: To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		
Email:		Phone Number:
May we contact this employer?: ❑ Yes ❑ No		
Description of Duties:		
Starting Compensation (Optional):	Final Compensation (Optional):	
Employer:	Address:	
From: To:	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		
Email:		Phone Number:
May we contact this employer?: ❑ Yes ❑ No		
Description of Duties:		
Starting Compensation (Optional):	Final Compensation (Optional):	

References

1. Employment Name: _____ Company: _____

Phone: _____ Email: _____

Address: _____City: _____ State: _____ Zip Code: _____

Position or Title: _____ Years Known: _____

2. Professional Name: _____ Company: _____

Phone: _____ Email: _____

Address: _____City: _____ State: _____ Zip Code: _____

Position or Title: _____ Years Known: _____

3. Personal Name: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____City: _____ State: _____ Zip Code: _____

Position or Title: _____ Years Known: _____

Personal Reflection

What is your greatest strength? _____

_____

What is your greatest challenge? _____

_____

What is your greatest accomplishment? _____

_____

Describe yourself in one word: _____

While MA TC Clinical Group is not a faith-based organization, it's parent organization, ATCNE, is faith-based. Are you comfortable working for a faith-based organization? ❑ Yes ❑ No

Why?_____

_____

_____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to contact and verify my listed references, employers (current & former, unless otherwise noted), education record, and verify any other information I have provided. I authorize the references and employers I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my current and former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

_____ _____

Applicant's Signature Date