



**BRIGHAM AND WOMEN'S HOSPITAL**

Office Location: 101 Huntington Avenue, 2nd Floor, Boston, MA  
 Mailing Address: 75 Francis Street, Boston, MA 02115  
 Phone/TDD 617-954-9600 Fax 617-954-9870

**DATE:** \_\_\_\_\_  
**EMPLOYMENT APPLICATION**

Brigham and Women's Hospital (BWH) is dedicated to serving the needs of the community. It is committed to providing the highest quality health care to patients and their families, to expanding the boundaries of medicine through research, and to educating the next generation of health care professionals.

The Human Resource team is committed to understanding the business and professional needs of those we serve and implementing "best practices" within the HR profession that support the organization. Our mission is accomplished by: recognizing that great patient care begins with great people; delivering timely, courteous and consistent service; staying current in our skill development; being dedicated and passionate about our work and the BWH community; and remaining ethical and accountable in our performance. BWH is an Equal Opportunity Employer. Qualified Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, status as a disabled veteran or a Vietnam Era veteran or the presence of a disability where otherwise qualified.

**Position Desired:**  Nursing Position Title: \_\_\_\_\_ Job Posting Req #: \_\_\_\_\_  
 Non-Nursing Position Title: \_\_\_\_\_ Job Posting Req #: \_\_\_\_\_

**Type of work Desired:**  Full Time  Part Time  Per diem  Temporary/Intern/Student  
 Minimum hours per week desired \_\_\_\_\_ Salary Requirement \$ \_\_\_\_\_ per hour/year (circle one)

**Your Availability:**  Days  Nights  Rotation  Holidays  
 Evenings  Weekends  Other: \_\_\_\_\_

Are you currently authorized to work in the US?  yes  no Date Available \_\_\_\_\_

Last Name	First Name	M.I.	Social Security #
-----------	------------	------	-------------------

Street Address/P.O. Box	Town	State	Zip
-------------------------	------	-------	-----

Home Phone	Work Phone	<input type="checkbox"/> Check if we MAY contact you at this number	Are you under 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you at least 21? <input type="checkbox"/> YES <input type="checkbox"/> NO
------------	------------	---	---	--

Have you ever been employed by BWH/Partners? If yes, what year?  YES  NO E-mail address \_\_\_\_\_

How did you hear about us?  Partners/BWH Employee- Employee name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Print Ad - Which Publication? \_\_\_\_\_  Previous employee  Friend/Relative  Web Site  
 Job Fair/Agency - Which one? \_\_\_\_\_  Walk - in  Other: \_\_\_\_\_

Have you ever been convicted (by trial or plea) of a felony?  YES  NO *Be sure to read and complete the CORI request form with this application.*  
*An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrest or criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases as a delinquent or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution. Please refer to CORI authorization.*

Please list ALL states that you have held professional licensure or certification: \_\_\_\_\_  
 Has your licensure or certification in any state been denied, suspended, terminated, voluntarily relinquished under threat of disciplinary action or restricted in any way?  YES  NO \_\_\_\_\_

**Educational and Professional Information**

School Name and Address	Major field of study or Degree	Graduated
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO
College or University		<input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____
Other		<input type="checkbox"/> YES <input type="checkbox"/> NO Year: _____

**CONTINUED ON OTHER SIDE  
 PLEASE BE SURE TO COMPLETE IN FULL**

**Your Employment History:**

In chronological order, please list the MOST RECENT/CURRENT job first. You may include any verifiable work performed on a volunteer or intern basis. This section must be completed even if you are submitting a resume. Please DO NOT write "see resume" in this section.

<b>CURRENT OR MOST RECENT:</b>	Company Name		Phone	Position Held		
	Address			Starting Salary	Ending Salary	
	FROM:	Duties		<input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	TO:			<input type="checkbox"/> Per diem/Temp <input type="checkbox"/> Intern/Volunteer		
	Reason for Leaving			Supervisor Name and Title		
<input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>PREVIOUS:</b>	Company Name		Phone	Position Held		
	Address			Starting Salary	Ending Salary	
	FROM:	Duties		<input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	TO:			<input type="checkbox"/> Per diem/Temp <input type="checkbox"/> Intern/Volunteer		
	Reason for Leaving			Supervisor Name and Title		
<b>PREVIOUS:</b>	Company Name		Phone	Position Held		
	Address			Starting Salary	Ending Salary	
	FROM:	Duties		<input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	TO:			<input type="checkbox"/> Per diem/Temp <input type="checkbox"/> Intern/Volunteer		
	Reason for Leaving			Supervisor Name and Title		
<b>PREVIOUS:</b>	Company Name		Phone	Position Held		
	Address			Starting Salary	Ending Salary	
	FROM:	Duties		<input type="checkbox"/> Full time <input type="checkbox"/> Part time		
	TO:			<input type="checkbox"/> Per diem/Temp <input type="checkbox"/> Intern/Volunteer		
	Reason for Leaving			Supervisor Name and Title		

**Certification and Licensure Information:**

If you hold a current Professional License, please note license type, number, issuing state and expiration date:

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 License Type: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Other relevant certifications or qualifications:**

CNA (Certified Nursing Assistant) Date of certification: \_\_\_\_\_ State: \_\_\_\_\_  
 CPR/ALS Certified Date of expiration: \_\_\_\_\_  
 Other: \_\_\_\_\_

**THIS SECTION MUST BE READ AND SIGNED BY ALL APPLICANTS.**

**The statement below is part of your application and should be read carefully.**

I authorize all persons, schools, employers and organizations mentioned in this application (except as noted herein) to provide Brigham & Women's Hospital with any and all information requested by them and I voluntarily release all such persons, schools, employers and organizations from all liability for providing such information. In the event that I am employed by Brigham & Women's Hospital, I agree to comply with all it's rules, regulations, directives, policies and procedures. I also release and indemnify Brigham & Women's Hospital against any liability which might result from requesting reference information. I understand that any offer of employment is conditional on a satisfactory C.O.R.I. (Criminal Offender Records Investigation) check, good standing with the Nurses Aide Registry (for CNA/PCA only), ability to comply with Department of Homeland Security requirements, medical acceptability, satisfactory responses regarding my education and prior employment, and other documentation as dictated or required by Hospital policy or other governing bodies. I understand employment at Brigham & Women's Hospital is "at will" and for no stated term and may be terminated by me or Brigham & Women's Hospital at any time.

I hereby affirm that the information provided by me on this form and any other forms pertaining to my employment to be true and complete. I understand that any false information or material provided or omitted by me may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

*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.*

**Applicant Signature**

**Date**





It is the policy of Partners HealthCare System, Inc. (PHS) and Brigham & Women's Hospital (BWH) to conduct a CORI check on all applicants being considered for hire. In addition, we conduct CORI checks on all volunteers, consultants, students, interns etc. whose work may or may not involve the potential for unsupervised contact with persons receiving services.

Conviction of a crime may not be an automatic disqualification of your eligibility for employment. However, it is the Hospital's policy to follow the regulations and guidelines provided by the Commonwealth of Massachusetts Executive Office of Health & Human Services (EOHHS). Under EOHHS guidelines, certain types of crimes pose an unacceptable risk to the populations served by BWH. All circumstances will be considered when making a decision regarding any offer of employment.

My signature below indicates the following:

- I understand that BWH seeks to determine that all employees are of the highest integrity.
- I understand that BWH will review my CORI results.

Please utilize the following space to indicate any convictions and/or pending cases that may appear on your CORI results. Please provide us with an explanation, which may assist us in processing and reviewing your CORI. Other than those exceptions noted on page 1 of the employment application, failure to indicate any convictions and/or pending or open cases which appear on your CORI, may disqualify you from consideration for employment.

---



---



---



---



---



---



---



---

Applicant name: \_\_\_\_\_ (please print)

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Please initial here if you do not wish to be considered for employment because you do not want a CORI background check to be conducted.



# BRIGHAM AND WOMEN'S HOSPITAL

## Self-Identification Form

Partners HealthCare System and BWH are equal opportunity/affirmative action employers. We are required to annually report to the federal government the racial/ethnic makeup and veteran and disabled status of our workforce. Completion of this form is voluntary. Refusal to provide this information will not subject the applicant to any adverse treatment. This information will only be used for equal opportunity purposes.

NAME: \_\_\_\_\_ I am an  **employee**  **applicant**  
(LAST) (FIRST)

DATE OF APPLICATION OR DATE OF HIRE: \_\_\_\_\_

I. Sex  Male  Female

### II. Race/Ethnic Group (Please mark all applicable categories):

- Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)**  
A Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)**  
A person having origins in any of the black racial groups in Africa.
- Asian (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### III. Veteran (Please mark all applicable categories):

- Not a Veteran**
- Special Disabled Veteran (Vietnam or other)**- A veteran who is entitled to compensation under laws administered by the Veteran's Administration or who has been discharged from active duty because of service connected disability.
- Vietnam Era Veteran**- A veteran who served on active duty for more than 180 days, any part of which duty occurred during the period between August 5, 1964 and May 7, 1975, and who received other than a dishonorable discharge.
- Newly Separated Veteran** - Discharged Date: \_\_\_\_\_  
A veteran who is in the one-year period beginning on the date of such veteran's discharge or release from active duty.
- Veteran who served in combat other than Vietnam** - A person who served on active military service in any branch of the United States armed services, during a war or in a campaign or expedition for which a campaign badge has been authorized. Information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
- Veteran (all others)** - A person not included in a category above and who served on active military service in any branch of the United States armed services, for a minimum period specified by law (can vary, generally 180 days) and who received other than a dishonorable discharge.

Orig: 5/21/07

HR USE ONLY:

VRD  DE