

Prevention & Wellness Trust Fund (PWTF)
Application for Employment

In keeping with federal, state, and local laws, the PWTF Partnership and it’s contracted partners are committed to equal opportunity employment and establishing and maintaining a workplace free of discrimination.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box applicable:

What organization(s) do you intend to apply for a position (please X all that apply):

- Northern Berkshire Community Coalition (37.5 hrs/wk): Filled
- Volunteers in Medicine (20 hrs/wk):
- Berkshire South (20 hrs/wk):
- Fairview Hospital (20 hrs/wk): *Please go to the employment Berkshire Health Systems Employment page to apply Filled*
- YMCA (Pittsfield/North Adams 32-40 hrs/wk) Filled
- Community Health Programs- Pittsfield location (32 hrs/wk):

Title of Position Applying For: Community Health Worker (grant funded)	Name (First, Middle Initial, Last):	Maiden name if applicable:
Street Address:		City, State & Zip:
Best time to reach you:	Home Phone:	Work Phone:
Other Phone:		
Are you eligible to work in the United States?	<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, what is your current age?
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, where and what is your current position?
Have you ever served in the United States military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged from or disciplined by a former or current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives who are currently employed by, or who worked in the past five (5) years for the organization(s) listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
Do you have a valid driver’s license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity? Check all that apply:		
<input type="checkbox"/> Ad in <i>newspaper</i>	<input type="checkbox"/> Job Bulletin (Posting)	<input type="checkbox"/> Dept. of Labor
<input type="checkbox"/> Website	<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other:

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, Year of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SPECIAL SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

LANGUAGES SPOKEN:

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COMPUTER SKILLS:

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LICENSE/CERTIFICATION/REGISTRATION:

Do you have any professional licenses or certifications Yes No If Yes, please list below.

Have you ever had any action taken against your professional license? Yes No

WORK EXPERIENCE-

Are you currently employed? Yes No

Begin with your current or most recent employer for the past 10 years. Include recent/last position, military experience & work background, volunteer work or job training. Account for any time during this period that you were unemployed by stating the

nature of your activities. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Please list 2-3 other references (non-family) that we can contact that can speak to your character and/or community involvement.: Name: Relationship: Phone Number: 1. 2. 3.		

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I give permission to the above listed organizations 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.

Applicant Signature: _____ Date: _____