



EMPLOYMENT APPLICATION

EQUAL EMPLOYMENT: IPPI CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO GENDER, RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, AGE, GENDER IDENTIFICATION, GENDER EXPRESSION, HANDICAP, DISABILITY, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, OR ANY OTHER CHARACTERISTICS PROTECTED BY FEDERAL, STATE, OR LOCAL LAWS, EXCEPT WHERE GENDER OR ANY OTHER CHARACTERISTIC IS A BONA FIDE OCCUPATIONAL QUALIFICATION.

Last Name:	First Name:	Middle Name
Street Name/Number	Apt #	City
		State
		Zip Code
Home Phone:	Cell Phone:	

Position Desired:	Date of Application:
Hours Preferred: Full-Time _____ Part-Time _____ Relief _____	
Shift Preference: 1 st _____ 2 nd _____ 3 rd _____	
Are you available for any shift? Yes _____ No _____ If no, when are you available?	

	Yes	No
Have you applied to IPPI previously? If yes -	[]	[]
▪ Date(s) of application(s):		
Have you previously worked for IPPI? If yes -	[]	[]
▪ Date(s) and location(s):		
▪ Last name if different:		
Are any of your relatives or friends presently employed by IPPI? If yes -	[]	[]
▪ Name(s) and Relationship:		
Can you perform the essential functions of the job for which you are applying with or without accommodation?	[]	[]
Are you legally authorized to work in the U.S.?	[]	[]
Are you 18 years or older?	[]	[]
If hired, do you have reliable transportation to get to work?	[]	[]
Do you have a valid Massachusetts driver's license?	[]	[]

Type of School	Name and Address of School	Major Course of Study	Number of Years Completed	Graduate Yes/No	Diploma/Degree Earned
High School					
College/University Graduate					
Post Graduate					
Other (Specify)					

List any special skills, licenses, certifications, training you hold that are required for the position for which you are applying: _____

What are your goals and how does this position fit in with your goals:

WORK EXPERIENCE

PLEASE ANSWER ALL QUESTIONS. Do not refer to resume, even if it is attached. Start with your present or most recent job and list all your work experience. Include military experience. If you need additional space, continue on a separate sheet of paper.

PRESENT OR MOST RECENT EMPLOYER

Employer	Dates Employed From: To:	Work Performed
Address:		
Phone Number		
Job Title(s)		
Supervisor		
Reason for Leaving		
May we contact this employer Yes_____ No_____		

PREVIOUS EMPLOYER

Employer	Dates Employed From: To:	Work Performed
Address:		
Phone Number		
Job Title		
Supervisor		
Reason for Leaving		
May we contact this employer Yes_____ No_____		

NEXT PREVIOUS EMPLOYER

Employer	Dates Employed From: To:	Work Performed
Address:		
Phone Number		
Job Title		
Supervisor		
Reason for Leaving		
May we contact this employer Yes_____ No_____		

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From: _____ To: _____	Work Performed
Address:		
Phone Number		
Job Title		
Supervisor		
Reason for Leaving		
May we contact this employer Yes _____ No _____		

NEXT PREVIOUS EMPLOYER		
Employer	Dates Employed From: _____ To: _____	Work Performed
Address:		
Phone Number		
Job Title		
Supervisor		
Reason for Leaving		
May we contact this employer Yes _____ No _____		

PROFESSIONAL REFERENCES: Please list three references other than relatives and friends.			
Name	Relationship	Address	Phone

How did you hear about this position: Please be as specific as possible.			
Newspaper Ad _____	Internet _____	Job Fair _____	
On-Line Job Board _____	Dept. of Labor _____	IPPI Website _____	Facebook _____
IPPI Employee (name) _____	Relative _____	Friend _____	

College Job Board _____ Walk-In _____ Other (specify) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT WILL EMPLOYMENT

I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by The Institute of Professional Practice, Inc. (IPPI). I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or IPPI. I understand that this written statement supersedes any and all oral representations made by agents or representatives of IPPI.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete, and accurate to the best of my knowledge. I understand that false answers, statements, or omissions made by me on this application will be sufficient cause for denial of employment or discharge. I authorize the references listed above and past employers to give IPPI any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing IPPI with said information.

NOTIFICATION OF BACKGROUND CHECKS

I understand that I may be subject to criminal record (CORI), educational, and motor vehicle background checks. I understand that satisfactory background and reference checks are a condition of employment. Negative references or background checks can be grounds for retraction of a job offer or dismissal after I have been hired.

AGREEMENT TO COMPLY WITH IPPI'S POLICIES, RULES, REGULATIONS AND PROCEDURES.

If employed, I will comply with IPPI's policies, rules, regulations and procedures.

Signature of Applicant _____

Date: _____