

MAPT JOB APPLICATION
1077 Pond Street
Franklin, MA 02038
(508) 376-8777
EMAIL: MAPTMED@gmail.com
WEBSITE: MAPTMED.COM

MAPT is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or Federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: Date: ____/____/____

Applicant Information

Applicant Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Cell _____ Email: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

On what date can you start work, if hired? _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? Yes. Or No. (Circle one)

What document can you provide as proof of citizenship or legal status?

Job-Skills/Qualifications

Please list below the skills and qualifications you possess for the position which you are applying?

(Note: MAPT complies with ADA and considered reasonable accommodation measures that may be necessary for Eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name: _____

Address _____ City _____ State _____

Graduation date: ____/____/____ Degree Earned _____ GED _____

College/University

Name _____

Address _____ City _____ State _____ Graduation date: ____/____/____

Degree Earned: _____

Name: _____

Address _____ City _____ State _____ Graduation date: ____/____/____

Degree Earned: _____

Vocational School/Specialized Training

Name: _____

Address _____ City _____ State _____

Graduation date: ____/____/____ Technical degree/Certificate Earned _____

Military:

Are you a member of the Armed Services? Yes or No. (Circle One)

What branch of military did you enlist? _____

What was your military rank/ when discharged? _____ Date: ____/____/____

How many years did you serve in the military? _____

What military skills do you possess that could be an asset for this position _____

Employment History (starting with most previous/current position)

Employer

name: _____ State _____ City _____ Zip _____

Job Title: _____

Supervisor Name: _____ Phone _____

Dates employed from: _____ to _____

Reason for leaving: _____

Employer

name: _____ State: _____ City _____ Zip _____

Job Title: _____

Supervisor Name: _____ Phone _____

Dates employed: from _____ to _____

Reason for leaving: _____

Employer

name: _____ State: _____ City _____ Zip _____

Job Title: _____

Supervisor Name: _____ Phone _____

Dates employed: from _____ to _____

Reason for leaving: _____

MAPT is a not profit private medical training program. All employee are AT-WILL-EMPLOYEES.

AT-WILL EMPLOYMENT

The relationship between you and MAPT Medical is referred to as "employment at will."

AT-WILL EMPLOYMENT TERMS

" This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or MAPT.

No representative of MAPT has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representatives regarding your employment can alter your at-will employment status; except, for a written statement signed by you and either our executive Vice-President/Chief Operations Officer or the Company's President.

Please list two-personal work references, that are external such as: supervisor, manager, work colleague, professor, or board member of medical organization.

Referral: _____ Title: _____ Company: _____

How many years have you known the referral: _____

In what capacity did you worked with referral _____

Cell number to contact: _____ Email: _____

Referral: _____ Title: _____ Company: _____

How many years have you known the referral: _____

In what capacity did you worked with referral _____

Cell number to contact: _____ Email: _____

Referral: _____ Title: _____ Company: _____

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