

# MEDITECH

## Application for Employment



**Your Legal Name:**

**Present Address:**

Number, Street, Apt #  
City, State, Zip Code  
Telephone #

**Permanent Address:**

Number, Street, Apt #  
City, State, Zip Code  
Telephone #  
Cell #  
Email

**Are you authorized to work in the U.S.?**

No

Yes

**Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?**

No

Yes

**Position(s) for which you are applying:**

**First available start date:**

**Desired Location:**

MASSACHUSETTS

[Canton](#)  
[Foxborough](#)  
[Fall River](#)  
[Waltham](#)  
[Westwood](#)

OTHER

[Atlanta, GA](#)  
[Minnetonka, MN](#)  
Remote  
No Preference

**What shifts are you willing to work?**

1st

2nd

3rd

**Are you willing to work weekends and/or holidays?**

No

Yes

**Are you willing to travel?**

No

Yes

**Do you have a valid driver's license and reliable vehicle?**

No

Yes

**Are you willing to relocate?**

No

Yes

**Have you ever applied to MEDITECH before?**

No

Yes

**How did you hear about MEDITECH?**

College or University\*

MEDITECH User

Employee Referral\*

Job Sites\*

General Knowledge  
of MEDITECH

Social Media\*

Other\*

**\*Additional Details**

Please provide additional details on your selection, such as the name of the school, site, platform, or name of employee referral. If you selected "Other", please tell us how you found out about this job:

**Please list names of relatives currently in our employ:**

## Educational Record

**High School Name:**

Location

Did you graduate?

No

Yes

**College Name:**

Location

Major & Minor

Did you graduate?

No

Yes

Other - Pending Graduation Date:

Official cumulative GPA  
upon graduation:

**Other Formal Education  
and Training:**

# Employment Record

Please list most recent organization first.

## Organization 1

Address:

Telephone:

Job Title:

Part Time or Full Time:

Employed from Month/Day/Year:

Employed to Month/Day/Year:

Supervisor:

Reason for Leaving:

May we contact this employer?

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## Organization 2

Address:

Telephone:

Job Title:

Part Time or Full Time:

Employed from Month/Day/Year:

Employed to Month/Day/Year:

Supervisor:

Reason for Leaving:

May we contact this employer?

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## Organization 3

Address:

Telephone:

Job Title:

Part Time or Full Time:

Employed from Month/Day/Year:

Employed to Month/Day/Year:

Supervisor:

Reason for Leaving:

May we contact this employer?

# References

Please list 3-4 professional references. Please list individuals who have overseen your work in some capacity, such as a professor, supervisor, coach, mentor, advisor, etc. MEDITECH will verify three responses.

**Name**

Relationship:

Phone:

Email:

Years Known:

Company/School Name:

**Name**

Relationship:

Phone:

Email:

Years Known:

Company/School Name:

**Name**

Relationship:

Phone:

Email:

Years Known:

Company/School Name:

**Name**

Relationship:

Phone:

Email:

Years Known:

Company/School Name:

**Please use the space below for any additional information which you consider of value to us in considering you for employment.**

I certify that all statements made by me on this application are correct to the best of my knowledge. I authorize Medical Information Technology, Inc. (MEDITECH) to make any inquiries to determine my suitability for employment, except where written statement specifically requests that no reference be made. I understand that any false or misrepresented information on this application may be the cause for future dismissal.

I also understand this Employment Application is not a Contract of Employment. Any individual who is hired may voluntarily leave employment upon proper notice or may be terminated by MEDITECH at any time and for any reason. I further agree that upon employment, I will be required to sign MEDITECH's Employment Agreement on Proprietary and Confidential Information.

**Applicant Signature:**

**Today's Date:**

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Effective Date	9/11/2018
Approved By	Senior Manager, MEDITECH Recruiting
Approved Date	9/11/2018