VA BOSTON HEALTHCARE SYSTEM

APPLICANT SUPPLY FILE

Applications are accepted from all qualified applicants for the following positions for possible future vacancies. Please indicate the position(s) you wish to be considered. A separate application is required for each position. PLEASE ATTACH YOUR RESUME.

- ☐ Audiologist
- ☐ Audiologist-Speech Pathologist
- ☐ Blind Rehabilitation Specialist
- ☐ Biomedical Engineer
- ☐ Certified Respiratory Therapy Technician
- ☐ Dental Assistant/Aide
- ☐ Dental Hygienist
- ☐ Dentist
- ☐ Diagnostic Radiologic Technician/Technologist
- ☐ Dietitian
- ☐ Expanded-Function Dental Auxiliary
- ☐ Kinesiotherapist
- ☐ Licensed Practical Nurse
- ☐ Licensed Professional Mental Health Counselor
- ☐ Marriage and Family Therapist
- ☐ Medical Instrument Technician
- ☐ Medical Records Administrator or Specialist
- ☐ Medical Records Technician
- ☐ Medical Support Assistant
- ☐ Medical Technologist
- ☐ Nuclear Medicine Technologist
- ☐ Nurse Anesthetist
- ☐ Nursing Assistant
- ☐ Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Occupational Therapy Assistant/Aide
- ☐ Optometrist
- ☐ Orthotist-Prosthetist
- ☐ Pharmacist
- ☐ Pharmacy Technician/Aide
- ☐ Physical Therapist
- ☐ Physical Therapy Assistant/Aide
- ☐ Physician
- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Prosthetic Representative
- ☐ Psychologist
- ☐ Registered Nurse
- ☐ Registered Respiratory Therapist
- ☐ Social Worker
- ☐ Speech Pathologist
- ☐ Therapeutic Radiologic Technician/Technologist

- **Veteran Preference –** DD-214 must be legible and must show character of service and all dates of service; more than one DD-214 may be needed to show all dates of service. Copies of your DD-214 may be requested by calling **800-827-1000 or TDD# 800-829-4833**. Service connected disabled veterans and other veterans eligible for 10 point preference must also submit a SF-15 (Application for 10 point preference) with the required documentation.
- **Current/Former Federal Employee** - Latest SF-50 (Notification of Personnel Action), showing your career /career conditional status.

Contact our Job Information desk for information on how to apply –
Brockton Campus – Bldg 1, Job Information – 774-826-1269
West Roxbury Campus – Bldg 3, Room GA-153A – 857-503-5105
Jamaica Plain Campus – Bldg 1, Room A1-40B 857-364-4456

VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301
Attn: Job Information
Via email to VHABHSJOBS@va.gov
For further information on current job openings visit www.usajobs.gov

Revised 11/04/2013

BOSTON HEALTHCARE SYSTEM
AVAILABILITY FORM

Name_____ Date_____

Note: Applicants please be advised that this application will stay on file for 6 months from the date of submission.

Please mark all that apply.

1. Please indicate your location preference for employment:
   Campuses
   - ☐ Brockton
   - ☐ Jamaica Plain
   - ☐ West Roxbury

   Outpatient Clinics:
   - ☐ Boston (Causeway Street)
   - ☐ Lowell
   - ☐ Quincy
   - ☐ Framingham
   - ☐ Plymouth

2. I will accept:
   - ☐ Full-time employment
   - ☐ Part-time employment
   - ☐ Temporary employment

3. I am available to work:
   - ☐ Monday – Friday Only
   - ☐ Overnight
   - ☐ Rotating Schedule
   - ☐ Alternating Weekends
   - ☐ Evenings
   - ☐ As needed
   - ☐ Every Weekend

4. Please indicate your lowest acceptable salary: $ _____ .

I understand if I am not able to work any of the above required schedules / rotations I will not be referred for an available position with such required schedules, but if qualified will be considered for other positions with a M-F Day schedule.

_____

Signature

APPLICANT SUPPLY FILE
DATA CAPTURE SHEET

(Please print legibly)

Social Security Number

___ - __ - ____

Last Name

First Name

Middle Name

E-mail

Street Address or PO Box

Town

State **ZIP** **Primary Telephone Number** **Ext (if applicable)**

__ _____ ___ - ___ - ____ _____

Include the following completed Forms in your packet:

APPLICATION FOR ASSOCIATED HEALTH OCCUPATIONS
10-2850C

Declaration for Federal Employment form

OF-306