



Employment Application

Date: _____

Applicants are considered for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, handicap or sexual orientation, except as otherwise provided by law. Proof of eligibility to work under the United States immigration laws will be required upon employment.

Name: _____ Telephone: (____) _____

Email: _____ Cell Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Position Applied for: _____ Date Available to Start: _____

Your Work Availability: Full-Time Part-Time Other _____

Education

Name/Location	Graduated	Diploma/Degree Earned
High School	Y/N	
College	Y/N	
Advanced degree	Y/N	

License or Certification: Yes No License or Certification Level and Number: _____

Employment History: Complete ALL information.

(Applicant may include work performed as volunteer)

	Employment Dates	Supervisor Name	Reason for Leaving
Employer: Address: Position: Telephone Number:	From: To:		
Employer: Address: Position: Telephone Number:	From: To:		
Employer: Address: Position: Telephone Number:	From: To:		

Activities/Skills

Describe any other special job-related skills, activities or qualifications (e.g. foreign languages, computers, community, social and professional organizations etc.) that would support your application. Please omit listing any activity that would indicate race, color, religion, creed, national origin, ancestry, sex age (as defined by law) sexual orientation, physical or mental disability or handicap, veterans or military status, genetic information or marital status.

Additional References: List at least two professional references. Complete ALL requested information.

Name	Street Address	City& State	Zip	Phone	Relationship

May we contact your present employer? Yes No

How did you learn of this position? (Please check as appropriate) Self Initiated Community Agency

Advertisement Other (Please explain) _____

A friend employed at Family Services of Central Massachusetts
(Employee's name) _____

Agreement

I certify that the answers given herein are true and complete to the best of my knowledge, and that, in the event of employment, false or misleading information given in my application or interview(s) may result in discharge.

I authorize such investigation of all statements obtained in this application for employment as may be necessary in arriving at an employment decision. I further authorize any person or other entity whose name I have given on this form to provide information to Family Services of Central Massachusetts, Inc. and I release any such person or other entity and Family Services of Central Massachusetts and its employees, directors, officers and agents from any claim or cause action I might have or acquire against the releases in connection with the provision of this information and I agree to indemnify the releases against all liability in connection with the provision of the information.

Should I become employed, I understand that my employment would be at will, that my employment would not be for any specified time, and that the agency retains the right to terminate employment at any time with or without cause or notice. Likewise, I may resign from the agency at any time. I further understand that this application is not intended to be a contract for employment.

APPLICANT SIGNATURE

DATE

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities. CORI (Criminal Offender Record Index) and NSOPW (National Sex Offender public website) checks, SAM's and OIG are a requirement for all newly hired employees. All applicants must sign a release authorizing a criminal records check under Massachusetts law. An applicant's consideration for employment will be contingent upon the results of their criminal history checks. A Nurse Aide Registry Check is a requirement for All Home Care Department Candidates.

APPLICANT MAY REQUEST SELF IDENTIFICATION FORM TO NOTE PROTECTED STATUS UNDER ANY AFFIRMATIVE ACTION LAWS WHICH MAY BE APPLICABLE.

HEMOCARE DEPARTMENT APPLICANTS: PLEASE COMPLETE APPLICATION ADDENDUM