



Application for Employment

Please print clearly

Date: _____

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state or local laws.

THIS ORGANIZATION IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For: _____ Name: _____
Telephone Number: _____ Alternate Telephone Number: _____
Email address: _____ Date of Birth: _____ (Month/Date/Year)
Present Address: _____
Street, Apartment, or Unit Number City State Zip Code

How long have you lived here: ____/____
Years Months

Desired Salary / Hourly Rate: _____ per _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes [] No []

Type of employment desired? Full-time [] Part-time [] (Specify Hours Available _____)
Are you willing to work overtime? Yes [] No [] Date on which you can start work if hired: _____

How did you hear about this position? _____

Do you know anyone affiliated with the Community House? Yes [] No []

If yes, please provide the person(s) name: _____

Please list any languages which you speak other than English: _____

Have you ever initiated an act of violence in the workplace? Yes [] No []

If yes, please provide the date(s) and explain so that the individual circumstances can be considered. (A "yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programming/language, software, equipment operation, special tools or machines, etc.)



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Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree / Major
High School					
College					
Bus. / Trade Tech. or Post College					

Honors Received: _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with the present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer: _____

Name _____ Street Address _____ City _____ State _____ Type of Business _____
 Telephone: _____ Dates Employed: From _____ To _____
 Job Title: _____ Duties: _____
 Supervisor's Name: _____ May we contact? Yes No If no, why not? _____

Wages: Start _____ Finish _____ Reason for leaving: _____
 What will this employer say was the reason your employment terminated? _____
 How much notice did you give when resigning? If none, explain why. _____

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 How much notice did you give when resigning? If none, explain why. _____

Please explain fully all gaps in your employment history in excess of one month. _____

Have you ever been terminated or asked to resign from any job? Yes No If yes, how many times? _____
 Has your employment ever been terminated by mutual agreement? Yes No If yes, how many times? _____
 Have you ever been given the choice to resign rather than be terminated? Yes No If yes, how many times? _____
 If you answered "yes" to any of the above there questions, please explain the circumstances of each occasion.



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REFERENCES

Please list the name of 2 work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (I.E. SUPERVISOR, CO-WORKER)	TELEPHONE

Please list the names of a personal reference (not previous employers or relatives) who knows you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	# OF YEARS KNOWN

APPLICANT CERTIFICATION

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restricted covenant, and /or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or if employed, disciplinary action up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.



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IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature: _____ Date: ____/____/____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent / Legal Guardian

Witness

Date

Date

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

FEDERAL LAW MAY PROHIBIT THE USE OF A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST AS WELL.