



**187 High Street, Suite 202  
Holyoke, MA 01040  
(413) 536-2401/FAX (413)538-6342  
HR FAX (413)538-6336**

### **APPLICATION FOR EMPLOYMENT**

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age and disability, military or veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also 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 liability.

**(PLEASE PRINT)**  
POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

HOME TEL. #: (\_\_\_\_) \_\_\_\_\_ CELL PHONE #: (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Best way to reach you (number and time of day): \_\_\_\_\_

What is your email address? \_\_\_\_\_

May we contact you at work? .....  Yes  No

If yes, work number and best time to call - (\_\_\_\_) - \_\_\_\_\_  
Area Code (Time)

Have you ever been employed here before? .....  Yes  No

If yes, give dates.: FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Proof of authorization to work and of your identity will be required upon employment)

Date available for work ..... \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REFERRAL SOURCE (check all that apply):

- Employee  Relative  Friend  Walk-In  Consortium Website

NAME OF REFERRAL SOURCE (If applicable): \_\_\_\_\_

News/website/social media (specify) \_\_\_\_\_

Employment Agency (specify) : \_\_\_\_\_  Other \_\_\_\_\_

Type of employment desired:  Full-time (30 or more hours)  Part-time  Full/Part Time

Can you travel if a job requires it?  Yes  No

Schedule of availability (check all days/times available):

	SUN	MON	TUES	WED	THURS	FRI	SAT
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EDUCATIONAL BACKGROUND:**

List levels of education including number of years completed; indicate degree or diploma earned as applicable and major field of study.

SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE/DIPLOMA	MAJOR
High School	9 10 11 12		
College/University	1 2 3 4		

**\*\*\*For Home & Community Connections Program only: Per funder requirements, applicants will be required to produce documentation at their first interview proving their highest level of education attained (e.g. High School Diploma, G.E.D., Bachelor's Degree, Master's Degree, Licensed Certifications, etc.).**

List Specialized Skills or Training (First Aid, CPR, Med. Cert., C.N.A., speak/write other language, etc.):

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**EMPLOYMENT and RELEVANT EXPERIENCE HISTORY**

List your last three (3) employers, volunteer or relevant personal experience starting with the most recent, including military experience. (Completion of this section is required even when submitting a resume.)

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact for reference?  Yes  No

Dates employed: FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Summarize job responsibilities: \_\_\_\_\_  
 \_\_\_\_\_



Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact for reference?  Yes  No

Dates employed: FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Summarize job responsibilities: \_\_\_\_\_

\_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact for reference?  Yes  No

Dates employed: FROM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Summarize job responsibilities: \_\_\_\_\_

\_\_\_\_\_

**List Any Additional Professional References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact?  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ May we contact?  Yes  No

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of applicant	Date
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