



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): _____

Newspaper (specify) _____ Other Website (specify): _____

Employment Agency (specify) : _____ Other _____

Type of employment desired: Full-time 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 last three schools attended, starting with last one; list number of years completed; indicate degree or diploma earned, if any, and list 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 *Options and Opportunities Program* only: Applicants who are called for a first interview will be expected 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.):

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: ____ / ____ / ____ Final rate of pay: \$ _____ per _____

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: ___ / ___ / ___ Final rate of pay: \$ _____ per _____

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: ___ / ___ / ___ Final rate of pay: \$ _____ per _____

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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