

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	Support Specialist	DATE C	OF APPLICATION _	/ /
NAME				
NAME(First)	(Middle)		(Last)	
ADDRESS(Street)	(City)	(State)	(Zip Coo	de)
HOME TEL. #: () Area Code	CE	ELL PHONE #: Area Code	e()	
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 bes	st time to call - ()	-		<u></u>
Have you ever been employed	Area Code here before?		(Time) □ Yes) □ No
If yes, give dates.: FR	ROM: <u>//</u> /	TO <u>:</u>		
(Proof of authorization to work a	and of your identity will be re	quired upon e	mployment)	
Date available for work			/	/
REFERRAL SOURCE (check a	ll that apply):			
	□Relative □ Friend SOURCE (If applicable):			
Newspaper (specify)	0	Other Website	(specify):	
Employment Agency	(specify) :	D Other		

Type of employment desired:
Full-time
Part-time
Full/Part Time

Can you travel if a job requires it? \Box Yes \Box No

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

	SUN	MON	TUES	WED	THURS	FRI	SAT
Daytime							
Evening							
Overnight							

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	1234		

****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 <u>:()</u>	-
Address:	_City	State	Zip
Immediate Supervisor and Title:			
Reason for Leaving:	May we	e contact for reference?	🗆 Yes 🗆 No
Dates employed: FROM: / / TO:	<u>///</u> Fi	inal rate of pay: \$	per
Summarize job responsibilities:			

Employer:		Telephone <u>: (</u>)	-
Address:	City	State	Zip
Immediate Supervisor and Title:			
Reason for Leaving:	Ma	ay we contact for reference	? 🗆 Yes 🗆 No
Dates employed: FROM: / /	_ TO: <u>//</u>	Final rate of pay: \$	per
Summarize job responsibilities:			
Employer:		Telephone <u>:()</u>	-
Address:	City	State	Zip
Immediate Supervisor and Title:			
Reason for Leaving:	Ma	ay we contact for reference	? 🗆 Yes 🗆 No
Dates employed: FROM: / /	TO:/	_ Final rate of pay: \$	_ per
Summarize job responsibilities:			
List Any Additional Professional Ref			
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