

Central Massachusetts Agency on Aging

Application For Employment

Central Massachusetts Agency on Aging considers applicants for all employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(please print)

Position(s) Applied For:	Date of Application
--------------------------	---------------------

How Did You Learn About Us?	Posting	Walk-In
Advertisement	Relative/Friend	Other _____
School Placement Office		

Last Name	First Name	Middle Name
-----------	------------	-------------

Address Number	Street	City	State	Zip Code
----------------	--------	------	-------	----------

Telephone Number(s)	Social Security Number
---------------------	------------------------

Emergency Contact: Last Name	First Name
------------------------------	------------

Relationship	Telephone Number(s)
--------------	---------------------

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever been employed/volunteered/interned with us before?	Yes	No
If yes give the date _____		
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No

Proof of citizenship or immigration status will be required upon job placement.

On what date would you be available to work? _____

Are you available to work:	Full Time	Part Time	Temporary	Yes	No
Are you currently on "lay-off" status and subject to recall?				Yes	No
Do you have a dependable means of transportation to and from CMAA?				Yes	No

Education

Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer/internship activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

References

1.	_____ (_____) _____
(Name)	Phone # _____

(Address)	
2.	_____ (_____) _____
(Name)	Phone # _____

(Address)	
3.	_____ (_____) _____
(Name)	Phone # _____

(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand, that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant _____ Date _____