



APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone(s): _____ E-mail: _____

How were you referred to us? _____

Position applying for: _____

If applying for a specific program, please explain: _____

Type of employment desired: Full-time Part-time On-Call

Number of hours available to work: _____ Date available to start work: _____

Shift you would prefer to work: Day Evening Overnight Weekend

Do you have any objection to working overtime if necessary? Yes No

Do you have dependable transportation readily available for use during work hours and a valid driver's license? Yes No

Have you ever been employed by the agency? Yes No

Do you have any relatives or significant others who work for this agency? Yes No

If so, who? _____

Are you legally authorized to work in the United States? Yes No

Education: List school name and location, years completed, course of study and any degrees earned:

High school: _____

Last grade completed: _____

College: _____

Technical Training/Certification: _____

Other: _____

Please complete all of the following information, even if a resume has been provided.

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, and/or other qualifications:

Employment History

Please provide all employment, volunteer or internship information starting with the most recent.

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate supervisor and title: _____

Dates employed From: _____ To: _____ Salary \$ _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate supervisor and title: _____

Dates employed From: _____ To: _____ Salary \$ _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate supervisor and title: _____

Dates employed From: _____ To: _____ Salary \$ _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate supervisor and title: _____

Dates employed From: _____ To: _____ Salary \$ _____

Job Summary: _____

Reason for Leaving: _____

Please complete all of the following information, even if a resume has been provided.

References

Please list the contact information for 3 professional references:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

To be completed by professionally licensed applicants only:

Professional License: _____ License #: _____ Expiration Date: _____

Professional License: _____ License #: _____ Expiration Date: _____

Has your license, privileges or practice ever been limited, denied, revoked, suspended, reduced, not renewed or voluntarily relinquished as a result of or during an investigation of an allegation or complaint against you?

_____ Yes _____ No If yes, please explain: _____

Fair Credit Reporting Act

Nature and Scope Disclosure

This disclosure is made in accordance with Section 606(b) of the Fair Credit Reporting Act as to the nature and scope of the investigative consumer report prepared by an outside agency for employment purposes.

- Criminal Background check-State of Massachusetts
- Criminal Background check-Out of State
- Disabled Person Protection Commission
- The Central Registry of Child Abuse/Neglect – for applicants who may work with children
- RMV Driving Record
- In-depth/General Employment Verification
- Personal References
- Educational Verification
- Professional License or Credentials Verification

Equal Opportunity Employment

The Brien Center is committed to a policy of non discrimination and equal opportunity employment for all employees and qualified applicants without regard to race, color, religion, creed, national origin, sex, sexual orientation, genetic information, military service, age, ancestry or disability.

No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources as soon as possible.

Employment Release and Privacy Statement

I hereby authorize the Brien Center to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability The Brien Center and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be just cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship "At Will", with or without cause, at any time, for any reason, so long as there is no violation of applicable federal or state law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that my employment is contingent upon my passing of a Criminal History Background Check (CORI) and Department of Motor Vehicle Check (DMV) upon my written consent and verification of references. I also understand that the agency may conduct CORI and DMV checks during the course of my employment upon my written consent.

I also understand that I will follow all rules and policies of the Brien Center and my failure to follow the agency's rules and policies will subject me to termination.

I understand that the Brien Center may change hours, shifts, schedules, rules and policies based upon the best interests of the agency's ability to operate and conduct business, in accordance with the Collective Bargaining Unit, if applicable.

I also understand this it is unlawful in Massachusetts for employers 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 or criminal penalties and civil liability.

I understand that my application must be completed in full (see resume is unacceptable), submitted for a specific position, signed by myself and submitted to Human Resources.

I have read and fully understand the foregoing, and I seek employment under these conditions.

Applicant signature: _____

Date: _____

❖ Mail application to:

**The Brien Center
Human Resources Department
PO Box 4219
Pittsfield, MA 01202-4219**

❖ Drop off application to:

**The Brien Center – Administration
359 Fenn Street
Pittsfield, MA 01201**