



Main Office: 78 POMEROY TERRACE, NORTHAMPTON, MA 01060 – Main Office: (413) 584-1310

PRE-EMPLOYMENT APPLICATION

All applicants will be given equal consideration regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, disability, handicap, genetic information, marital status, service in the military, gender identity, or membership in any other group protected by applicable federal and/or state law. No question on this application is asked for the purpose of unlawfully limiting or excluding any applicant from consideration for employment due to the above protected categories. Please complete this application accurately and thoroughly.

Your application for employment will remain in our file for one year. During this time period, your employment history and skills will be reviewed and evaluated by our staff. Your application is our main source of information concerning your qualifications. It is not possible to interview all applicants; and, therefore, we ask that you be as specific as possible when completing this application. Please print legibly.

TODAY'S DATE: _____ Position Applying for: _____

NAME: _____
Last First Middle Initial Nickname

PREFERRED PRONOUNS: (Voluntary) _____

ADDRESS _____
Number/Street City State Zip Code

HOME TELEPHONE _____ CELL _____

EMAIL ADDRESS _____

ARE YOU UNDER 18 YEARS OF AGE? ___ YES ___ NO

ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.? ___ YES ___ NO
(Proof of citizenship or immigration status will be required upon employment.)

ARE YOU FLUENT IN ANY OTHER LANGUAGES BESIDES ENGLISH? ___ YES ___ NO

If yes, please list: _____

DO YOU HAVE A VALID DRIVERS LICENSE? _____ YES _____ NO (required for certain positions)

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY OUR AGENCY? _____ YES _____ NO
If yes, give dates and position held: _____

HOW DID YOU HEAR ABOUT THIS CAREER OPPORTUNITY? (Please circle)

Employee Referral _____ Relative _____ Indeed or Other Job Board _____

Position or Type of Work Desired (Please List)

1. _____ 3. _____

2. _____ 4. _____

Shift Preferred
 Day
 Evening
 Night

Seeking
 Full Time
 Part-Time
 Sub/Relief

Shift Available or Preferred: (circle)
AM PM
Overnights

Days Available (check)
 Mon Thu Sun
 Tues Fri
 Wed Sat

Date Available to begin work:

Note: In accordance with the EEC/606 CMR 14.00 and extensive DCF, CORI, and SORI Background Records Check is conducted by the EEC (not this agency) and is a job requirement. Therefore, employment offers are contingent upon a successfully clearance issued by the EEC. The background process may take several weeks and is dependent upon their findings, if any. Please refer to the EEC/BRC Consent form for more details. The form is part of the application process.

1. Have you been found responsible for the abuse or neglect of a child by the Massachusetts Department of Children and Families (DCF) pursuant to a report issued under M.G.L. c. 119 §§ 51A and 51B? _____
2. Have you been found responsible for the abuse or neglect of a child by *any* state, county, municipal or federal authority? _____
3. Do you have a criminal record that has resulted in a conviction consistent with the provisions of M.G.L. c.151B, §4(9)? _____

EDUCATION

High School (Name and City)					
College or Other Schools Attended	Location (City/State)		Did You Graduate	Diploma or Degree	Course of Study
					Major
					Minor
					Major
					Minor
					Major
					Minor

PROFESSIONAL LICENSES, CERTIFICATIONS AND/OR REGISTRATIONS

Please list type of license, certifications, including issue date and expiration.			
Type	State issued	Date issued	Expires
Type	State issued	Date issued	Expires
Type	State issued	Date issued	Expires
If applicable to the position you are applying for, verification of your License, certification, and/or registration will be obtained.			

PROFESSIONAL ACTIVITIES

List membership in any professional associations (indicate extent of your participation including any offices which you held)

U.S. MILITARY SERVICE

Branch of Service	Active (Yes or No)	National Guard (Yes or No)	
Nature of duties and special training received:			

EMPLOYMENT – Requirement: Please list all details asked for with your last (3) Three Employers.

(Please List your current or most recent employer first. You may include any work performed on a volunteer basis.)

From (Month/Year) _____	<u>Employer Information</u> Company Name _____	<u>Employer Location</u> City and State _____
To (Month/Year) _____	Supervisor Name _____ Supervisor Email _____ Cell Phone _____	<hr/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Status F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> Relief <input type="checkbox"/>
Title of Position Held _____		Reason for Leaving _____
List your principal duties or responsibilities. _____ _____		
From (Month/Year) _____	<u>Employer Information</u> Company Name _____	<u>Employer Location</u> City and State _____
To (Month/Year) _____	Supervisor Name _____ Supervisor Email _____ Cell Phone _____	<hr/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Status F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> Relief <input type="checkbox"/>
Title of Position Held _____		Reason for Leaving _____
List your principal duties or responsibilities. _____ _____		
From (Month/Year) _____	<u>Employer Information</u> Company Name _____	<u>Employer Location</u> City and State _____
To (Month/Year) _____	Supervisor Name _____ Supervisor Email _____ Cell Phone _____	<hr/> May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Status F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> Relief <input type="checkbox"/>
Title of Position Held _____		Reason for Leaving _____
List your principal duties or responsibilities. _____ _____		

REFERENCES

It is CPCF’s policy to contact your previous employers upon your verbal acceptance of an offer or upon your expressed permissions (above boxes). Please make any comments you feel we should know when we contact them. If obtainable, please list email addresses and telephone number with which to contact them in the blocks below.

In addition, please provide the following **three professional/education/character references (do not list relatives)**.

NAME	COMPANY	RELATIONSHIP	EMAIL ADDRESS	CELL PHONE
1.				
2.				
3.				

ADDITIONAL INFORMATION

LIST SOME OF YOUR INTERESTS, SKILLS, AND HOBBIES:

PLEASE LIST ANY ADDITIONAL EMPLOYMENT OR ANY INFORMATION YOU BELIEVE WOULD BE HELPFUL: _____

DO YOU REQUIRE A REASONABLE ACCOMMODATION TO PARTICIPATE IN THE HIRING PROCESS? (please circle) NO YES Describe: _____

The agency seeks diversity and inclusion for all applicants/employees and strives to meet the needs of individuals defined by ADA and to assist applicants who seek the need for an accommodation. If you are in need of an accommodation to successful participate in an interview process, please contact Cutchins Human Resources Representative. Thank you.

CERTIFICATION

AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN

- | | |
|---|---|
| <p>1. I give permission to CPCF to investigate all pertinent information concerning my application in order to determine my qualification for employment. I understand that this investigation may include information as to my character, general reputation, personal characteristics, and work habits. I fully release the Agency and any previous employers from all claims and liabilities resulting from the verification process.</p> <p>2. All answers to the foregoing questions are true and correct to the best of my knowledge and belief. It is understood that any false statements, if discovered before employment, will affect any application unfavorably and, if discovered after employment, will be sufficient reason for my dismissal from the service of CPCF.</p> <p>3. In the event of my employment by CPCF, I agree to comply with all CPCF rules and regulations as they may be changed from time to time. I understand that neither this employment application nor any other Agency document constitutes a personal contract of employment. I further understand that my employment is for no stated term and may be terminated at the will of CPCF. In the</p> | <p>event that I decide to leave CPCF, I agree to give the Agency proper notification of resignation as stipulated in the Personnel Policies or Union Contracts. If I fail to do so, I will not be entitled to certain benefits which I would otherwise receive.</p> <p>4. Residential direct care positions and school staff positions are covered under collective bargaining agreements. I fully understand that, as condition of employment at CPCF, I may be required to pay monthly union dues or a monthly agency fee under the provisions of existing collective bargaining contracts.</p> <p>5. If I am required to drive an Agency vehicle as part of my job responsibilities, I will immediately notify the CPCF if my drivers license expires or is suspended for any reason.</p> <p>6. I understand that any offer of employment made to me by CPCF is conditioned on my submission of satisfactory proof of my legal eligibility to work in the United States.</p> <p>7. I understand that any offer of employment is conditional based on the results of a background check, in accordance with CPCF regulatory entities and that the agency will conduct periodic background check investigations during the course of employment.</p> |
|---|---|

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.

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for CPCF to request any information concerning my application.

SIGNATURE _____

DATE _____