



78 POMEROY TERRACE, NORTHAMPTON, MA 01060 – (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 feel free to enclose a resume or add any information you consider useful in our selection of the most qualified applicant.

TODAY'S DATE: _____

NAME: _____
Last First Middle Initial Nickname

ADDRESS _____
Number/Street City State Zip Code

HOME TELEPHONE _____ CELL _____

EMAIL ADDRESS _____

ARE YOU UNDER 21 YEARS OF AGE? ___ YES ___ NO If yes, date of birth _____

ARE YOU LEGALLY ENTITLED 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

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY OUR AGENCY? _____ YES _____ NO

If yes, give dates and position held: _____

HOW LONG OF A COMMITMENT WOULD YOU MAKE TO WORKING AT THE CENTER?
___ One Year ___ Two Years ___ More Than Two Years

HOW DID YOU HEAR ABOUT THIS CAREER OPPORTUNITY? _____

Position or Type of Work Desired (Please List)

- 1. _____ 3. _____
- 2. _____ 4. _____

Shift Preferred	Seeking	Hours Available or Preferred	Days Available (check)	Date Available to begin work if accepted:
<input type="checkbox"/> Day	<input type="checkbox"/> FT		<input type="checkbox"/> Mon <input type="checkbox"/> Thur <input type="checkbox"/> Sun	_____
<input type="checkbox"/> Evening	<input type="checkbox"/> PT		<input type="checkbox"/> Tues <input type="checkbox"/> Fri	
<input type="checkbox"/> Night	<input type="checkbox"/> Substitute/Relief		<input type="checkbox"/> Wed <input type="checkbox"/> Sat	

CPCF accommodates the religious practices of its employees whenever practicable.

Note: A background check is required for all applicants in accordance with 606 CMR 14.00.

Have you been found responsible for the abuse or neglect of a child by the Massachusetts Department of Children and Families pursuant to a report issued under M.G.L. c. 119 §§ 51A and 51B? _____

Have you been found responsible for the abuse or neglect of a child by any state, county, municipal or federal authority? _____

Do you have a criminal record and what crimes, if any, have you been convicted of, consistent with the provisions of M.G.L. c.151B, §4(9)? _____

EDUCATION

High School (Name and City)		Attended (Yr. to Yr.)		Date Graduated		If GED, Date Received	
College or Other Schools Attended	Location (City/State)	Attended (Yr to Yr)	Did You Graduate	Diploma or Degree	Course of Study		
					Major		Minor
					Major		Minor
					Major		Minor
					Major		Minor

PROFESSIONAL LICENSES, CERTIFICATIONS AND/OR REGISTRATIONS

Date first employed in Massachusetts -				
Type	State issued	Date issued	Expires	No
Type	State issued	Date issued	Expires	No
Type	State issued	Date issued	Expires	No
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	Date Entered	Date Separated	
Nature of duties and special training received:			

EMPLOYMENT

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

From (Month/Year) _____ To (Month.Year) _____	Name and Address of Employer incl.City, State, Zip Code) Name _____ Street _____ City/State/Zip _____	Immediate supervisors name and telephone number _____ 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) _____ To (Month.Year) _____	Name and Address of Employer incl.City, State, Zip Code) Name _____ Street _____ City/State/Zip _____	Immediate supervisors name and telephone number _____ 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) _____ To (Month.Year) _____	Name and Address of Employer incl.City, State, Zip Code) Name _____ Street _____ City/State/Zip _____	Immediate supervisors name and telephone number _____ 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. Make any comments you feel we should know when we contact them. If obtainable, please list email addresses with which to contact them.

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

NAME	CITY/STATE	OCCUPATION	TELEPHONE	YEARS KNOWN
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:

CERTIFICATION

AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN

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 my previous employers from all claims and liabilities resulting from the verification process.
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 my application unfavorably and, if discovered after employment, will be sufficient reason for my dismissal from the service of CPCF.
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 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.
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.
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.
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.
7. I understand that any offer of employment is conditional based on the results of a background check, in accordance with CPFC regulatory entities and that the agency will conduct periodic background check investigations during the course of employment.

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 _____