

HOME CARE OFFICE
NORTH SHORE COMMUNITY ACTION PROGRAMS, INC.
APPLICATION FOR EMPLOYMENT

CORI Sent: _____
NAR: _____
Ref. Sent: _____
Ref. Rcvd: _____

Applications for employment are considered without regard to race, color, religion, sex, age, national origin, marital or veteran status, or the presence of a non-job related medical condition or handicap in compliance with all Federal and State equal opportunity laws.

Date of Application: _____
Date of Interview: _____
Position Desired: _____

Date Available: _____ Total hours available per week: _____ Are you on layoff or subject to layoff: _____

POSITION STATUS (Please Check)

Full Time: ____ Part Time: ____ Regular: ____ Temporary: ____ On Call Basis: ____ Summer Only: ____

DAYS AND HOURS AVAILABLE

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____ Holidays: _____

AREAS COVERED BY OUR AGENCY

Peabody Danvers Salem Marblehead Middleton Beverly Essex
Hamilton/Wenham Topsfield Gloucester Manchester Magnolia Ipswich
Lynn Lynnfield Saugus Swampscott

Are you willing to travel to all these areas? YES: ____ NO: ____
If "NO" please circle areas you will travel to, and note that this will decrease the amount of hours available to you.

PERSONAL DATA

Name: _____ MA Identification #: _____

Present Address: _____

Present Telephone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Telephone Number: _____ Relation: _____

Are you a U.S. citizen? YES: ____ NO: ____ if no, Permanent Resident? YES: ____ NO: ____ or type of visa: _____

Date of birth: _____ Age: _____ Have you ever been convicted of a crime? YES: ____ NO: ____

If yes, give particulars: _____

Have you ever been employed here before? YES: ____ NO: ____ If yes, **when** and in what capacity: _____

Have you ever filed an application here before? YES: ____ NO: ____ If yes, **when**: _____

How did you happen to apply (name of person, agency, newspaper, school, etc.): _____

Drivers License: YES: ____ NO: ____ if yes, #: _____ Expiration Date: _____

MILITARY DATA

Have you ever had U.S. military experience? YES: ____ NO: ____ if yes, what branch: _____ Rank at discharge: _____
Duties performed: _____

ADDITIONAL SKILLS

List any skills or qualifications other than work experience that should be considered:

Do you speak, read, and write English? YES: ____ NO: ____

Do you speak, read, or write a foreign language? YES: ____ NO: ____ if yes, which language(s): _____

EDUCATIONAL DATA (if information is on resume, this section may be omitted)

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	Degree or Diploma
High School			1 2 3 4	YES NO	
College			1 2 3 4	YES NO	
Other			1 2 3 4	YES NO	

PERSONAL REFERENCES (List two; not relatives or former employers)

Name	Business or Home Address	Telephone	Occupation	Years
1.				
2.				

Indicate if any of your references and/ or registrations are under a different name.

Name(s): _____ Date: _____ Signed: _____

EMPLOYMENT RECORD (List present or most recent employer first. Volunteer work may be included.)

1. Employer's Name, Address, and Telephone	Date Employed	Position	Salary
Describe your duties	Supervisors Name and Title	Reason for Leaving	May we contact this employer? Yes: ____ No: ____
2. Employer's Name, Address, and Telephone	Date Employed	Position	Salary
Describe your duties	Supervisors Name and Title	Reason for Leaving	May we contact this employer? Yes: ____ No: ____

MEDICAL DATA

Date of last physical exam: _____ Results: _____

Date of last tuberculosis test: _____ Results: _____ or Exempt: _____

Would lifting patients be a problem for you? Yes: _____ No: _____

Have you any commitments that will prevent you from meeting our work attendance requirements? Yes: ___ No: ___

If yes, explain: _____

Are there any medical problems that would affect your work, (i.e. allergies to animals, lifting limitations, etc: Yes: ___ No: ___

If yes, explain: _____

CERTIFICATION/ LICENSE

HHA Certificate: Yes: _____ No: _____ Date: _____

CNA Certificate: Yes: _____ No: _____ Date: _____

Homemaker Training Certificate: Yes: ___ No: ___ Date: _____

EMPLOYMENT AGREEMENT

Please indicate your agreement with each of the following paragraphs by putting your initials next to the following statements.

____ I understand that if I fail to report to an assignment or client and I neglect to give proper notification, I may be terminated.

____ Upon termination, I authorize the release of reference information regarding my work. I further agree to give proper notice of termination.

____ 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 my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company.

____ I certify that the information on this application is true, complete, and correct. I authorize _____ to investigate my past employment, education (without important omissions of any kind), activities, characters, and qualifications and I release from liability all persons, companies, and corporations supplying such information. I certify that all statements and answers to questions regarding my health are true and were made without reservation. 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.



119 Foster Street
Peabody, MA 01960
(978) 531-0767 ext. 103 or 129

Date: _____ To: _____
(Name)

Address: _____; _____

Phone: _____

Title: _____

RE: _____

Social Security No.: _____

The person whose name appears above has applied for a _____ position with us and has listed you as a past/ present business resource.

We would appreciate you completing this form and returning it to us at your earliest convenience. Please be assured that any information given us will be held in strictest confidence.

Yours truly,

Elizabeth Chavez- Home Care Director
Rosalyn Gonzalez – Assistant Director

I give you permission to release information about my employment.

Applicant Signature

Date: _____

JOB TITLE: _____

EMPLOYED FROM: _____ TO: _____

REASON FOR LEAVING: _____

EVALUATION:	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Performance	_____	_____	_____	_____
Reliability	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Attendance	_____	_____	_____	_____

WOULD YOU REHIRE? YES: ___ IF "NO" WHY? _____

OTHER REMARKS (THIS SECTION MAY ALSO BE USED FOR A PERSONAL REFERENCE)

DATE: _____ SIGNED: _____ TITLE: _____