



APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION:

HESSCO Elder Services is an Equal Opportunity Employer. The Agency does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, gender identity, ancestry, sexual orientation, age, handicap/disability, genetic information, veteran's status, military service or application for military service, or any other legally protected class. No question on this application is intended to secure information to be used for such discrimination.

In processing this employment application, the agency may request that an investigative consumer report be prepared, which may include information as to the applicant's character, general reputation, and personal characteristics, obtained through personal interviews with neighbors, friends, and associates. In addition, information may be obtained from former employers and educational institutions that the applicant has attended. A credit bureau report may also be obtained as part of this application and later for purposes of promotion, reassignment or retention. To the extent a consumer report or an investigative consumer report is required, the applicant will be provided with a separate disclosure and authorization form under the Fair Credit Reporting Act for the applicant's execution.

Date of Application: _____

PLEASE ANSWER EVERY QUESTION.

PERSONAL INFORMATION

(EMAIL)

 (FIRST) (MIDDLE) (LAST)

 (NUMBER) (STREET)

(TELEPHONE NUMBER)

 (CITY) (STATE) (ZIP CODE)

(LENGTH OF TIME AT THIS ADDRESS)

List previous addresses within the United States, if address changed during the past 5 years.

 (NO.) (STREET) (CITY) (STATE)

 FROM (DATE) TO

 (NO.) (STREET) (CITY) (STATE)

 FROM (DATE) TO

Position(s) desired _____ Salary desired _____

How were you referred to us? _____ Date available for start _____

Have you ever filed an application with us before? Yes ___ No ___ If yes, give date(s) _____

Have you ever been employed by us before? ___ Yes ___ No ___ If yes, give date(s) _____

Are you a United States Citizen or otherwise eligible for employment in the United States? Yes ___ No ___

I understand that any offer of employment is conditioned upon the satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986, and that the Agency will hire only those individuals who are legally authorized to work in the United States and who present proof of their lawful employment status and identity.

EMPLOYMENT HISTORY*

Include summer and part-time work, and any periods of unemployment. You may include in your work history verified work performed on a volunteer basis. **Please do not attach a resume and bypass this section.**

List Below the Name and Business Address of All Your Former Employers Beginning With Your Last Position	Time Employed From To Mo/Yr. Mo/Yr.	Job Title/Nature of Work	Reason for Leaving	Name of Immediate Supervisor

May we contact the employers listed above? _____ If not, indicate by number which ones you do not wish us to contact _____

Were you ever dismissed from a job? _____ If yes, give details _____

*Attach additional sheets if necessary.

EDUCATION*

Type of School	Name of School	City/State	Course Majored In	Number of Years Completed	Graduate? Give Degrees
High School					
College					
Graduate					
Other (Trade, Corres., Night)					

*Do not answer if not relevant to the requirements of the position for which you are applying.

Please list any other training, certifications, licenses or skills relevant to the position for which you are applying:

PROFESSIONAL REFERENCES*

Please list below at least three people, not related to you, who may be contacted as references. At least two of the references must have supervised your work either directly or indirectly.

Name	Relationship	Contact: Phone/Email	Yrs. Acquainted	Company name and address

PLEASE READ CAREFULLY BEFORE SIGNING. If you have any questions regarding this statement, please ask them before signing.

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 liabilities.

In the event of employment to a position with the Agency, I will comply with all the rules and regulations as set forth in the Agency's policies, procedures, rules, or other communications distributed to employees, which may be changed without notice at the discretion of the Agency.

I hereby authorize my present and/or former employers, educational institutions and references to disclose to the Agency any and all information concerning my previous employment and any other pertinent information they may have, and I release all parties from any liability whatsoever resulting from such disclosure.

I certify that all the information provided by me on this application (and accompanying resume, if any) is true, accurate and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any omission or false statement made by me on this application, or any supplement to it, may result in withdrawal of any job offer or termination of employment if I have already begun employment.

I understand that an offer of employment may be conditioned upon the results of a medical screening exam, pre-employment drug screening, criminal records check, and/or a background check.

I confirm that if offered employment, accepting a position will not violate the terms of any non-compete, non-disclosure, or any other agreement by which I am bound.

I understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the agency or myself. I also understand that no supervisor, manager or other representative of the Agency has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and must expressly state that it is a contract and be signed by the Executive Director of the Agency.

I hereby acknowledge that I have read the above statement and understand it.

 Typed Signature of Applicant

 Date

AFFIRMATIVE ACTION PROTECTED GROUPS Please check any group that applies)

ASIAN:

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. Areas include China, India, Japan, Korea, the Philippine Islands and Samoa.

BLACK:

All persons having origins in any of the Black racial groups of Africa.

HISPANIC:

All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

NATIVE AMERICAN OR ALASKAN NATIVE:

All persons having origins in any of the original peoples of North America, who maintain cultural identification through tribal affiliations or community recognition.

CAPE VERDEAN:

All persons having origins in the Cape Verde Islands.

WOMEN:

Adult female persons.

HANDICAPPED:

Any person who has a physical or mental impairment which substantially limits one or more of such person's life functions or has a record of such an impairment or is regarded as having such an impairment.

VIETNAM ERA VETERAN:

A person who served on active duty for a period of more than one hundred eighty (180) days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 to May 7, 1975.

ELDER:

Sixty (60) years old or older.

Signature (Typed)

Date