



Date _____

Employment Application

Fill out the form below and mail it to
ARC Community Services, 564 Main Street, Fitchburg, Massachusetts 01420

Referral Source

- Advertisement PLEASE SPECIFY: _____
- Employee PLEASE SPECIFY: _____
- Website HOW DID YOU LEARN ABOUT THE SITE: _____

What kind of position are you seeking?

- Full-time Part-time Relief Volunteer Other _____
- Internship Urban Youth Practicum Alternative work force

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Phone _____
DAY EVENING

Social Security # _____

Have you ever applied for employment with us? Yes No

Have you been employed by us before? Yes No

If yes, indicate position(s) held:

Do you have a valid Massachusetts drivers license? Yes No

Do you belong to any professional, trade, or service organizations? Yes No

PLEASE SPECIFY: _____

Have you ever been convicted of a felony? Yes No

An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry relative to prior arrests or criminal appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrest, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.



Please answer all following questions and/or provide requested information regardless of whether or not you submit a Resume.

Education (CIRCLE YEARS COMPLETED)

ELEMENTARY	1	2	3	4	5	6	7	8
HIGH SCHOOL	9	10	11	12	H.S. diploma			
COLLEGE	1	2	3	4	+			

Degree or course of study? PLEASE SPECIFY: _____

Honors/activities? PLEASE SPECIFY: _____

Employment/Professional Experience

(Please begin with PRESENT or MOST RECENT employer and list your last two jobs.)

EMPLOYER _____

ADDRESS _____

JOB TITLE & WORK PERFORMED _____

EMPLOYMENT DATES: FROM _____ TO _____

SUPERVISOR WE MAY CONTACT FOR REFERENCE:

NAME _____

TITLE _____

PHONE _____

REASON FOR LEAVING _____

EMPLOYER _____

ADDRESS _____

JOB TITLE & WORK PERFORMED _____

EMPLOYMENT DATES: FROM _____ TO _____

SUPERVISOR WE MAY CONTACT FOR REFERENCE:

NAME _____

TITLE _____

PHONE _____

REASON FOR LEAVING _____

Employment will be contingent upon written verification of at least one employer reference.



Please summarize skills and experience (paid and/or volunteer) that you possess relating to working with disabled individuals.

Please provide any other information you feel would help us in considering your application.

Please provide the names of three persons willing to give *personal* references:

	NAME	RELATIONSHIP	PHONE #
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Please provide brief written answers to the following questions:
A co-worker did something that may or may not be against agency policy but that you feel very strongly was an example of bad judgement. No one else saw or is aware of what this person did. What should you do ?



An individual for whom you are Case Manager is developing a close relationship with a person who has a "terrible reputation." Your opinion is that this friendship will end up hurting your person. How do you deal with this?

Please perform the following calculations:

476 + 99 = 64
33 + 187 = 444
88 x 74 =
134 x 32 =
67 x 7.8 =
1672 ÷ 44 =
318 ÷ 9 =

AGREEMENT

I authorize investigation of all statements on this application as is necessary in arriving at an employment decision. I understand that misrepresentation or omission of facts called for is cause for immediate termination. Further, I consent to a CORI (Criminal Offender Record Information) investigation as part of the application process and authorize the ARC CORI Coordinator to conduct further CORI investigations during the course of employment.

SIGNATURE OF APPLICANT

DATE

Mail completed form to:
ARC Community Services, 564 Main Street, Fitchburg, Massachusetts 01420

To complete your application process, you will be asked to complete the following forms as well:

- 1. Affirmative Action Survey (Voluntary information requested by the government)
2. Reference Request (The form your references fill in and send to us)
3. CORI Check Authorization (Criminal Record check)