



NESS/NORESS Corporation
 100 Foster Street
 P.O. Box 417
 Southbridge, MA 01550
 508-765-6608



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER: The policy of Center of Hope Foundation Inc. is to provide employment opportunities without regard to race, color, sex, religion, sexual orientation, marital status, veteran status, national origin, or age.

 First Name Middle Initial Last

Are you 18 years of age? YES _____ NO _____

 Full Present Address City State Zip

 Mailing Address if Different City State Zip

 Home Phone Number Cell Phone Number E-mail Address

Position Applied For: _____

How did you hear about us? (Circle one) Friend Relative Website Walk-in Other _____

Do you have the legal right to work in the US? YES _____ NO _____

(According to Federal Law, work authorization documentation will be required upon employment)

Have you filed an application with or been employed by this Agency before? If yes, give a date _____

Are you presently employed? YES _____ NO _____

May we contact your present employer? YES _____ NO _____

Date available to start? _____

What are you available to work? (Circle one) Full Time Part Time Summer Other _____

Are you on layoff and subject to recall? YES _____ NO _____

Do you possess a valid Driver's License? YES _____ NO _____

Other forms of identification issued by the Commonwealth: _____

Do you have daily access to a vehicle? YES _____ NO _____

Can you travel if you are assigned to another program site? YES _____ NO _____

CORI Guidelines: 101 CMR 15.03; 15.06,15.07,15.08,15.09,15.10,15.12,15.15 Criminal History Information shall be required and considered only after a conditional offer of employment has been offered; applicants and employees seeking positions where a criminal background is relevant; potential for unsupervised contact with Center of Hope Foundation (CoHF) program clients; current employees; or others for whom a CORI is necessary to comply with other legal requirements, or have a potential for contact with a CoHF client when no other CORI cleared employee is present.

The Hiring Authority will inform the provisional candidate that his or her CORI may be utilized by qualified mental health professionals, conducting themselves in accordance with CMR 15.09 and by EOHHS, & EOHHS Agencies, or vendor program personnel.

Indicate what foreign languages you speak, read and/or write. (OPTIONAL- Answer only if your knowledge of a foreign language is related to the requirements of the position for which you are applying)

Give name, address and telephone number of three references who are not related to you, and are not previous employers.

1. _____
Name Address Telephone

2. _____
Name Address Telephone

3. _____
Name Address Telephone

Employment Experience: Start with your present or last job. Include military service assignments and any work performed on a volunteer basis.

Employer Name Address Telephone

Job Title Dates of Employment Supervisor Name

Reason for Leaving

Employer Name Address Telephone

Job Title Dates of Employment Supervisor Name

Reason for Leaving

Employer Name	Address	Telephone
---------------	---------	-----------

Job Title	Dates of Employment	Supervisor Name
-----------	---------------------	-----------------

Reason for Leaving

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience that may be helpful in this new position.

Education: List the highest level of education you have received:

High School (or GED) Name: _____ Year Graduated: _____

College/University Name: _____ Year Graduated: _____

Other education or training (describe): _____

Self Declaration of a Disability: In accordance with Executive Order #227, the Governor's Code of Fair Practice and Executive Order #246 Affirmative Action Program for the Handicapped, each employee and applicant is invited to indicate whether he/she is handicapped, for the purpose of receiving affirmative action benefits of protected status. This information is intended for use solely in connection with the Commonwealth's Affirmative Action efforts. It is being requested in a voluntary basis, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and used only in accordance with the State Office of Affirmative Action Guidelines and any Federal regulations.

You will qualify for protected status if you (1) have a physical or mental impairment which substantially limits one or more major life activities, or (2) have a record of such impairment.

If you would like to declare a disability as stated above, indicate so here and complete the Self Identification Form.

I would like to complete the Self Identification Form declaring a disability: _____

EQUAL EMPLOYMENT OPPORTUNITY SELF-DISCLOSURE FORM

NESS/NORESS Corporation is an affirmative action/equal opportunity employer. In order to meet State and Federal requirements, it is necessary to collect information concerning applicants. All responses are completely voluntary and refusal to respond will not result in the adverse treatment of any applicant. This information will not in any way be used for employment decisions and will not be seen by those making hiring decisions. Although completion of this information is optional, your reply is greatly appreciated.

First Name (optional) _____ Last Name (optional) _____

Sex: M ___ F ___ Position Applied For: _____

ETHNIC ORIGIN: (Please mark one Box)

(___) WHITE (Not of Hispanic Origin) - A person having origins in any of the original people of Europe, North Africa or the Middle East.

(___) BLACK (not of Hispanic Origin) - A person having origins in any of the Black racial groups of Africa. (___) HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

(___) ASIAN OR PACIFIC ISLANDER - A person having origins in any of the original peoples of the Far East, Southwest Asia, the Indian Subcontinent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

(___) AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

(___) ARE YOU MULTIRACIAL? YES ___ NO ___ If yes, please list all the categories that apply to you, based on the list above.

Please check all that describe your Veteran status, if any:

(___) DISABLED VETERAN - (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.

(____) RECENTLY SEPARATED VETERAN - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U. S. military, ground, naval or air service.

(____) ARMED FORCES SERVICE MEDAL VETERAN - any veteran who, while serving on active duty in the U. S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985....

(____) OTHER PROTECTED VETERAN – a veteran who served on active duty in the U. S. military, ground, navel or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administrated by the Department of Defense.

It is my understanding that this employment application, or the granting of a verbal interview, does not represent a contract of employment or a promise of future benefits by this 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 either my- self, or my employer. I also understand that this written statement supersedes any and all verbal representations made by agents or representatives of this agency or organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize NORESS Corporation to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. 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.

Signature of Applicant: _____ Date: _____