



Center of Hope Foundation, Inc.

100 Foster Street
PO Box 66
Southbridge, MA 01550
(508) 764-4085

APPLICATION FOR EMPLOYMENT

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

MISSION STATEMENT: *The Mission of the Center of Hope Foundation is to provide people with disabilities and their families with the resources, services and opportunities to be contributing members of their communities and to achieve the most fulfilling and meaningful lives possible.*

First Name _____ Middle Initial _____ Last Name _____

Are you 18 years of age? YES ___ NO ___ Check here if over 19: ___ (Age requirement to drive vans only)

Full Present Address _____ City _____ State _____ Zip Code _____

Mailing Address (If different) _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

_____ Friend Relative Website Walk-in Other _____
Position Applied For How did you hear about us? (circle one) Name

Do you have the legal right to work in the US? (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? _____ May we contact your present employer? _____ Date available to start? _____

Full Time Part Time Summer Other _____
What are you available to work? (Circle one) Are you on layoff and subject to recall?

Can you travel if you are assigned to another program site?

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 seeing positions where a criminal background is relevant; potential for unsupervised contact with 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 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.

OPTIONAL: Please indicate if you speak/read/write in any foreign language.

REFERENCES: Give name, address and telephone number of four references who are not related to you, and include at least two work or professional references.

1. _____
Name Address Telephone

2. _____
Name Address Telephone

3. _____
Name Address Telephone

4. _____
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

Job Title Phone Supervisor Name

Reason for Leaving Dates of Employment

Employer Name _____ Address _____

Job Title _____ Phone _____ Supervisor Name _____

Reason for Leaving _____ Dates of Employment _____

Employer Name _____ Address _____

Job Title _____ Phone _____ Supervisor Name _____

Reason for Leaving _____ Dates of Employment _____

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

List Certificates you have earned (such as CPR, First Aid, Defensive Driving, etc.):

Education: List the highest level of education you have received

High School (or GED) Name: _____

College/University Name: _____ Degree Earned: _____

Other education or training (describe): _____

THIS SECTION IS VOLUNTARY INFORMATION.

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: _____

Veteran Status: 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 year period beginning on the active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

EQUAL EMPLOYMENT OPPORTUNITY SELF-DISCLOSURE FORM

Sex: M_____ F_____

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 _____

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 myself 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 THE CENTER OF HOPE 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