APPLICATION FOR EMPLOYMENT **Child Care of the Berkshires, Inc.**

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age, and disability, military of veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also, 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 liability.

(Please print) Date of Application _____

Position(s) Applied for _____

Referral Source: ( ) Advertisement ( ) Friend ( ) Relative ( ) Walk- In ( ) Online

( ) Employment Agency ( ) Company Website ( ) Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone ( )_____ **Mobile Phone** ( )_____

Are you under 18? ( ) yes ( ) no

If employed and you are under 18, can you furnish a work permit? ( ) yes ( ) no

Have you filed an application here before? ( ) yes ( ) no
If yes, give the date _____

Have you ever been employed here before? ( ) yes ( ) no
If yes, give the date _____

Are you employed now? ( ) yes ( ) no

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? ( ) yes ( ) no

May we contact your present employer? ( ) yes ( ) no

Proof of authorization to work and of your identity will be required upon employment.

On what date would you be available for work? _____

Are you available to work : ( ) Full time ( ) Part time ( ) Shift work ( ) Temporary ( ) Over time

Are you on a lay-off and subject to recall? ( ) yes ( ) no

Can you travel if the job requires it? ( ) yes ( ) no

Certifications/Certificates

Please list any certifications you may hold:

_____
_____
_____
_____
_____

References

Please list the name, relationship and telephone number of three references not related to you:

1._____

2._____

3._____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer _____ Phone _____
Street _____
City, State, Zip _____
Job Title _____ Supervisor _____
Work Performed _____
_____
_____
_____
Reason for leaving _____
Hour Rate/Salary - Starting_____/Final _____
Dates Employed - Starting _____/Final _____

Employer _____ Phone _____
Street _____
City, State, Zip _____
Job Title _____ Supervisor _____
Work Performed _____
_____
_____
_____
Reason for leaving _____
Hour Rate/Salary - Starting_____/Final _____
Dates Employed - Starting _____/Final _____

Employer _____ Phone _____
Street _____
City, State, Zip _____
Job Title _____ Supervisor _____
Work Performed _____
_____
_____
_____
Reason for leaving _____
Hour Rate/Salary - Starting_____/Final _____
Dates Employed - Starting _____/Final _____

If you need additional space, please continue on a separate piece of paper.

EDUCATION

	High School	College/University	Graduate/Professional
Name of School			
Years Completed *please circle*	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			

Honors received:

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

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 either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I Certify that the information on this application is true, complete and correct. I hereby authorize the investigation of 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

_____

For Human Resource Department Only

_____

Arrange Interview ( ) yes ( ) no

_____

Interviewer date

Employed ( ) yes ( ) no Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____