

North River Collaborative

198 Spring Street, Rockland, MA 02370

Staff Application – 2022

Summer Work and Learning Program

July 11-August 11*

(*Must be able to work all weeks)

North River Collaborative considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

This application for employment shall be considered active for the period of time up to the filling of the position. Any applicant wishing to be considered for employment after this time should inquire as to whether or not applications are being accepted at that time.

Date: ____ / ____ / ____

Position Applying for: _____

Name _____ Social Security _____ - _____ - _____

Permanent Address _____

City _____ State _____ Zip _____

Permanent Phone _____ Cell Phone _____

Email contact: _____

Certifications (if applicable)

[Fields/Levels for which you are certified]

Field	Level	Cert.#

Have you ever filed an application with us before?

If so, for what position did you apply? _____

Have you ever been employed with us before?

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

If so, dates and position _____

Upon employment will you be able to submit verification of your legal right to work in the United States?

Yes _____ No _____

(Proof of citizenship or immigration status will be required upon employment)

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and verifiable volunteer experience. You may exclude organizations which indicate race, color, religion, gender, national origin; handicap or other protected status, unless you desire to include it.

Employer: _____ Dates Employed: From _____ To _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Work Performed: _____

Reason for leaving: _____

Employer: _____ Dates Employed: From _____ To _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Work Performed: _____

Reason for leaving: _____

Employer: _____ Dates Employed: From _____ To _____

Supervisor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Work Performed: _____

Reason for leaving: _____

REFERENCES

If you need additional space, please continue on a separate sheet of paper. List below professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

Name: _____ Phone: _____

Relationship to applicant: _____

Name: _____ Phone: _____

Relationship to applicant: _____

Name: _____ Phone: _____

Relationship to applicant: _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

I authorize North River Collaborative, as a condition of an offer of employment, to submit a CORI check.
Yes _____

Under Massachusetts law, you may answer “no” if any of the following circumstances are applicable:

- An arrest which did not result in a conviction;
- A first conviction of any of the following misdemeanor: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace;
- Any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration there from (whichever is the later) occurred five or more years prior to the date of this questionnaire, unless you have been convicted of any offense with 5 years immediately preceding the date of this questionnaire;
- Your conviction record has been sealed pursuant to the Massachusetts law;
- You have juvenile delinquency or child in need of services complaints which were not transferred to Superior Court.

Date	Place or Court	Charge	Details

Are you now under charge for any criminal offense on which you are awaiting trial of final disposition?
Yes _____ No _____

EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate Professional				

Describe any specialized training, apprenticeship, skills and extracurricular activities (i.e. Braille-read/write, augmentative communication systems, sign language, etc.)

Medical Examination

I understand that any offer of employment may be conditioned on a medical examination by a doctor selected by North River Collaborative and I hereby consent to such examination. Also, if hired, North River Collaborative may require that I undergo a medical examination at such other time as required.

INITIAL _____

State of Compliance

I agree that, if accepted for employment, I will abide by all rules and policies and procedures of the North River Collaborative as they may change from time to time.

INITIAL _____

If employed, I authorize the North River Collaborative, its employees and/or agents to provide any and all information regarding my employment history to any prospective employer who makes such a request of the North River Collaborative. The request may be in writing or made orally. Likewise, North River Collaborative, its employees and/or agents may provide the information orally or in writing. I understand and agree that I will not bring any action against North River Collaborative, its employees or agents, and/or against the prospective employer, its employees or agents which relates to this release and/or the provision of information pursuant to this release.

INITIAL _____

Statement of Truth

I certify that the information that I have provided on this application and in association with this application for employment is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary, including a complete reference check. I understand that any falsification, fabrication, unreasonable embellishment or omission of facts called for on this application or submitted by me in association with this application, as adjudged by the employer in its sole discretion, may result in denial of employment or in the event that I am hired, upon the discovery of such falsification, fabrication, unreasonable embellishment or omission, in immediate dismissal. Further, I understand that the employer may rescind any offer of employment if any references are inadequate or unacceptable to the employer.

INITIAL _____

Condition of Employment

If granted employment, I agree to work **all** scheduled days during the summer program. Vacation days are **not** permissible.

INITIAL _____

Signature

Date _____