



**EMPLOYMENT APPLICATION**

It is the policy of North River Collaborative to provide equal employment opportunities without regard to age, race, color, religion, sex, sexual orientation, gender identity, national origin, limited English speaking ability, genetic information, disability or handicap, ancestry, marital status, military status, homelessness, or any other characteristic protected under state or federal law. Equal employment opportunity shall, respectively, be made available in accordance with applicable Federal and State Laws. This application for employment shall be considered active for a period of time up to filling the position.

**Please print clearly in ink and complete the entire application.**

**APPLICATION INFORMATION**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (state) (Zip)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you

at least 18 years old? Yes  No

Are you legally authorized to work in the U.S.? Yes  No   
(If hired, you will be required to provide proof of identity and work authorization.)

**JOB INTEREST**

Position applied for: \_\_\_\_\_ Full Time  Part Time

How did you hear about this opening? \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Days and hours available to work: \_\_\_\_\_

Please review the job description for this position. Are able to perform all of the job responsibilities as listed with or without accommodations? Yes  No

Do you have reliable means of transportation to get to work on time each day? Yes  No

If required to drive a motor vehicle in the job applied for (i.e., school bus driver), do you have a valid driver's license? Yes  No  Indicate License Class? Class D  7D  CDL



**EDUCATION AND TRAINING**

Please indicate education or training which you believe qualifies you for the position you are seeking. List high school, trade school, and college(s).

**EDUCATION**

<u>School Name, City and State</u>	<u>Major Subjects</u>	<u># Years Attended</u>	<u>Diploma or Degree Received</u>

**LICENSE OR PROFESSIONAL CERTIFICATION**

Please indicate professional licenses or certifications that you believe qualifies you for the position you are seeking. You need not disclose professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

<u>License/Certification Type</u>	<u>Level</u>	<u>License/Certification #</u>	<u>Expiration Date</u>

**OTHER PROFESSIONAL MEMBERSHIP/BACKGROUND EXPERIENCES/SPECIAL SKILLS**

Briefly describe the type of work for which you are best qualified. Include all experiences you have which you feel would be of importance to you as an applicant and special skills such as licenses, Braille-read/write, sign language, augmentative communication systems, computer and software knowledge, etc. You need not disclose professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.

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**WORK EXPERIENCE**

List all previous work experience. Begin with present position and work back. Include U.S. Military Service. You may include any certified work performed on a volunteer basis in the list. A resume may not be substituted but may be included as a supplement.

**Employer 1:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-Time:  Part-Time:

Supervisor: \_\_\_\_\_ May we contact? Yes  No

Reason for Leaving: \_\_\_\_\_

**Employer 2:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-Time:  Part-Time:

Supervisor: \_\_\_\_\_ May we contact? Yes  No

Reason for Leaving: \_\_\_\_\_

**Employer 3:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full-Time:  Part-Time:

Supervisor: \_\_\_\_\_ May we contact? Yes  No

Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Former supervisor, former colleague, former or current associates)

List at least three individuals who can provide professional references:

Name	Address	Occupation	Telephone	Relationship



## North River Collaborative

198 Spring Street  
Rockland, MA 02370  
Phone: 781-878-6056  
[www.northrivercollabarotive.org](http://www.northrivercollabarotive.org)

Please read the following statements: they constitute the conditions under which you would be employed by the North River Collaborative should you be accepted for employment:

I certify that all information that I have provided on this application is true and complete. I understand that falsifications, misrepresentations, or omission of facts called for in this application may result in denial of employment or immediate dismissal.

I give the North River Collaborative permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment, and I hereby release the North River Collaborative from any liability for damages that may result from that inquiry. This authorization includes permission for the North River Collaborative to perform a check of my criminal history through CORI and require a fingerprint-based state and national criminal record check. I understand that both a CORI check and Fingerprint check, acceptable to the North River Collaborative, is a condition of my employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or contract, any employment relationship with the North River Collaborative is an "at will" nature, which means that either the Employee or the Employer may end the employment relationship at any time, with or without cause or notice. I further understand that an "at will" employment relationship cannot be changed by any written document or by conduct unless an authorized executive or this organization specifically acknowledges such change in writing.

In the event of employment/offer of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the North River Collaborative. If employed, I authorize the North River Collaborative and its employees 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, and I release the North River Collaborative from any liability for any damages that may result from the provision of such information, whether the request for information is in writing and/or made orally. Likewise, the 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 an action against the North River Collaborative, its employees or agents, and/or against the prospective employer, its employees or agents that relates to this release and/or the provision of information pursuant to this release.

**Medical Examination** In the event of employment, I understand that any offer of employment may be conditioned on a medical examination by a doctor selected by North River Collaborative and/or drug testing and I hereby consent to such examination. Also, if hired, North River Collaborative may require that I undergo a medical examination or drug testing at such other time as required.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Massachusetts General Law. C. 149 s19B requires that the following statement be included on employment applications: "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".