

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

## Application For Employment

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The above named companies are equal opportunity employers. Consideration for employment and employment practices are based only on job related occupational qualifications. Federal and State laws prohibit any discrimination in employment practices based upon race, color, religion, sex, sexual orientation, age, handicap, disability or national origin.

### PERSONAL DATA:

1. Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

If former employment, references or education records may be under another name, please specify:

2. Address \_\_\_\_\_  
(Street and Number)

(City and Town)

(State)

(Zip Code)

3. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. Person to contact in an emergency

(Full Name)

(Address)

(Telephone Number)

6. Are you lawfully eligible for employment in the United States?  Yes  No

7. Are you 18 years of age or older?  Yes  No

8. Referral Source. How did you learn of our company?

Newspaper  School  Employee  Other \_\_\_\_\_

Name of referral Source: \_\_\_\_\_

9. Do you have any friends or relatives currently working for this company?  
If yes, please list name(s), relationship and facility location.

**EMPLOYMENT INFORMATION:**

Have you ever worked for this company before?  Yes  No

If yes, specify date, facility and location: \_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for employment with this company before?  Yes  No

If yes, specify dates \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Classification of work applying for:

Full Time  Part Time  Limited Time  Per Diem  Temporary

Work hours desired:  Day  Evening  Nights  Weekends

If hired, when would you be available to begin work? \_\_\_\_\_

Please provide a complete list of all employment or verifiable volunteer service starting with the most recent employer. **This section must be completed even if resume is submitted.**

Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary Received \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary Received \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Position Held \_\_\_\_\_ Salary Received \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## EDUCATION AND TRAINING

Name & Address Of school	No. of Years completed	Did You graduate	Type of Degree/ Diploma
High School _____ _____	_____	_____	_____
College _____ _____	_____	_____	_____
Other Education Or Training _____	_____	_____	_____

### Licensed, Registered, or Certified Staff Only:

Type: \_\_\_\_\_ Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_  
Type: \_\_\_\_\_ Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ State \_\_\_\_\_

## PERSONAL REFERENCES

Please provide the names, addresses and telephone numbers of two (2) individuals who are not relatives or previous employers whom we may contact for reference information.

Name _____	Years Known _____
Address _____	Telephone No. _____
Name _____	Years Known _____
Address _____	Telephone No. _____

## PLEASE NOTE

While this company does not request of its employees to take a lie detector test, state law requires the following notice:

“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.”

This company complies with the Immigration Reform and Control Act of 1986 and hires only persons authorized to work in the United States. If you are offered employment, appropriate documentation will be required to verify your employment eligibility.

This company conducts Criminal Offender Record Inquiries (CORI) on all applicants under final consideration for employment.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

I certify that the statements I have made in this application are true.

I hereby grant this company permission to verify the accuracy and completeness of this information and to investigate all references and education records. I agree to absolve from any liability this company and any other individual and/or employer who provides the information necessary to verify any information provided in this application. I understand that any false or misleading statements made on this application or any omission of information from this application will be sufficient cause for rejection of this application or for immediate dismissal if such false or misleading information or omission of information is discovered after my employment.

I understand and agree that if my application is accepted, my employment may be terminated by me or by this company at any time with or without cause and without any liability on the part of the company for future wages, salary or benefits. I further understand that if accepted my employment is for no definite period and may be terminated without further notice and without liability for further salary. I understand that any representation made by this company in connection with applicant's employment must be made by an authorized officer of the company and in writing.

I understand and agree that any offer of employment will be contingent upon successful completion of a post-offer physical examination and medical clearance establishing that I am capable of performing the essential functions of the job for which I have applied. (Where applicable, satisfactory completion of pre-employment training programs will be required)

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

**RIVERCOURT RESIDENCES ASSOCIATE REFERENCE CHECK FORM**

Reference Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Facility Name: \_\_\_\_\_

Area Worked: \_\_\_\_\_

Reference

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The applicant listed below has given RiverCourt Residences permission to request reference information from you. Please answer the following questions and be assured your answers will be held in the strictest of confidence.

Associate Name: \_\_\_\_\_

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position(s)

Held: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Was Employment Continuous? Yes No

Are these the correct dates of employment? Yes No If no, give correct dates: \_\_\_\_\_ to \_\_\_\_\_.

Is the position held listed correctly? Yes No

If no, give correct title: \_\_\_\_\_

( RiverCourt Residences Associate Reference Check Form continued)

**PERFORMANCE EVALUATION**

	Unacceptable	Below Average	Average	Above Average	Exceptional
Dependability					
Punctuality					
Cooperation					
Compatibility With Others					
Willingness to Accept Direction					
Initiative					
Job Knowledge					
Appearance					
Quality of Work					
Attendance					

Would you consider this person eligible for rehire?      Yes      No

If no, why? \_\_\_\_\_

Would you recommend this person for employment with our company?      Yes      No

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Date)

CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

\_\_\_\_\_ is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI  
for the purpose of screening current and otherwise qualified prospective employees, subcontractors,  
volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or  
applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal  
information to the DCJIS. I hereby acknowledge and provide permission to  
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the  
date of my signature. I may withdraw this authorization at any time by providing  
written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

the \_\_\_\_\_ may conduct subsequent CORI checks within one year  
of the date this Form was signed by me provided, however, that  
must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on  
Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_ ft. \_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee

