

Community Support Associates, Inc.
P.O. Box 1987, 4 Bacon Terrace
Hyannis, MA 02601

APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of race, color, creed, age, sex, national origin, ancestry, physical disability, marital status, or arrests. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

Date: _____

Name: _____ Social Security Number: _____

Address: _____ Phone (Home) _____ (Mobile) _____

Person to be notified in case of sickness or injury: _____

Address: _____

Are you 18 years of age or older?

YES NO

Are you a citizen of the United States?

YES NO

If not, are you entitled to work in this country?

YES NO

Have you been convicted of a felony? YES NO

If yes, when and give details: _____

Are you currently addicted to or dependent upon narcotics or alcohol? YES NO

Position Applied for: 1) _____ 2) _____

On-call

Part Time

Full Time

Salary Desired \$ _____ Per _____ Date you will be available: _____

Are you employed at present? YES NO

If so, may we inquire of your present employer? YES NO

Do you have any licenses that pertain to this job? YES NO

If yes, License No. and State: _____ Date of expiration: _____

Has your license ever been suspended? YES NO

Do you have a driver's license? YES NO State: _____ License No. _____

Type or Class of Driver's License: _____ Date of Expiration: _____

Has your license ever been suspended? YES NO If so, give date(s) and reason(s): _____

(PLEASE SEE REVERSE SIDE)

Education & Training

Name of School _____ State _____ Dates _____ Focus of Study _____ Did you graduate? _____

Indicate Last Grammar or High School Attended _____

College _____

Business, Technical or Vocational _____

Indicate any plans for Future schooling _____

Employment Record

(Begin with your current or most recent employment. Include all periods of military or volunteer services.)
If you have no prior employment record, please list school and personal references in this section.

NAME OF COMPANY: _____ Direct Supervisor: _____

ADDRESS: _____ Phone: _____

Date Employed From/To: _____ Starting Salary: _____ Salary Leaving: _____ Reason for Leaving: _____

Duties & Responsibilities: _____

NAME OF COMPANY: _____ Direct Supervisor: _____

ADDRESS: _____ Phone: _____

Date Employed From/To: _____ Starting Salary: _____ Salary Leaving: _____ Reason for Leaving: _____

Duties & Responsibilities: _____

NAME OF COMPANY: _____ Direct Supervisor: _____

ADDRESS: _____ Phone: _____

Date Employed From/To: _____ Starting Salary: _____ Salary Leaving: _____ Reason for Leaving: _____

Duties & Responsibilities: _____

****REFERENCE CHECKS ARE REQUIRED ON ALL APPLICANTS PRIOR TO EMPLOYMENT.****

I HEREBY RULE TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT. My permission is given for Community Support Associates to make inquiry of any of my former employers, and I agree not to hold Community Support Associates liable for such inquiries regarding my experience, character, and reason for leaving any and all past employment's. I consent to take a physical examination at the request of Community Support Associates at no expense; and I hereby give all persons conducting the examination permission to reveal any and all details concerning my physical condition to Community Support Associates. My failure to give correct and complete information on this application or during a personal interview will be considered grounds for dismissal upon the discovery thereof. I also understand that this Company reserves the right to dismiss me for any other reason not specifically prohibited by law. **All offers of employment are contingent upon satisfactory review of the C.O.R.I. check, reference check, and physical examination.**

Applicant's Signature: _____ Date: _____