



Community Connections Inc.

Opportunities for People with Disabilities

APPLICATION FOR EMPLOYMENT

Community Connections, Inc. is an equal opportunity employer dedicated to a policy of nondiscrimination in employment or any basis prohibited by law.

If you need assistance to complete the application, please let us know so we can discuss a reasonable accommodation.

Today's Date: _____

PERSONAL INFORMATION

Name:

Last _____ First _____ Middle _____

Present Address:

Street _____ City _____ State _____ Zip _____

Permanent Mailing Address:

Street _____ City _____ State _____ Zip _____

Telephone:

Day(_____) _____ Evening(_____) _____

Are you 18 years or Older?

Yes _____ No _____

Military Status:

Active _____ Inactive _____ Not Applicable _____

How did you hear about this position?

By whom, were you referred? _____

Name of Website(s) _____ Name of Newspaper _____

Do you have friends or relatives working here? Yes _____ No _____ If yes, please give names and positions.

Residency:

Are you either a U.S. Citizen or an Alien authorized to work in the United States? Yes _____ No _____

If hired, you will be required to submit, as a condition of employment, proof of your identity and legal work authorization within 3 business days.

EMPLOYMENT DESIRED & SITE LOCATION

Position: _____ **Location:** _____ **Date you can start:** _____

Type of hours desired: Full Time _____ Part Time _____ Temporary _____

Have you ever applied to CCI before? Yes _____ No _____ If Yes, Dates _____

Have you ever been employed by CCI before? Yes _____ No _____ If yes, Dates _____

Can you travel if required by your job? Yes _____ No _____

EDUCATION

Name & Location of School	# Years Attended *	Did you graduate?	Subjects Studied
High School			
College			
Graduate, Trade, Business, Night, Correspondence			

*Do not provide dates. State and Federal laws prohibit discrimination on the basis of age.

GENERALAcademic Honors, Awards, Special Recognition or Extra Curricular Activities: _____
_____Subjects of Special Study or Research: _____
_____Summarize Special Working Skills: _____

EMPLOYMENT HISTORY

Please complete in full even if you have a resume. List the last three employers, starting with the last one first. You may include military service or any verified work performed on a volunteer basis.

Name/ Address/Phone of Employer Include Contact Person or Supervisor	Dates Employed And Position	Reason for Leaving
1.		
2.		
3.		

REFERENCES

Give the names of three references, preferably three professional. Personal references, not related to you, whom you have known for at least one year, are acceptable.

Name	Address	Phone
1. Professional		
2. Professional		
3. Professional		
4. Personal (if Professional unavailable)		

EMERGENCY INFORMATION

In case of emergency, please notify:

Name	Address	Phone
1.		
2.		

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 and civil liability.

APPLICANT'S STATEMENT

1. I understand that the receipt of this application does not imply that I will be employed.
2. I certify that the answers given in this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.
3. I further understand and acknowledge that, if hired, any employment relationship with this Company is of an "at-will" nature, which means that I may resign at any time and the Company may discharge my employment at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by a corporate officer of the Company. No manager, supervisor or other individual at the Company has authority to make a commitment of guaranteed or continuing employment to me, and no document or publication, including handbooks and policy manuals of the Company should be interpreted to make such a guarantee.
4. I understand that Community Connections, Inc. will verify the statements and information contained in this Application. I agree to sign the proper authorization and release forms in regard to the Company's verification and investigation of this information.
5. I understand that if hired, I will be required to sign a Confidentiality Agreement as a condition of my employment with the Company.

My signature certifies that I have read and agree with the above statements.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____