

# ASSOCIATES FOR HUMAN SERVICES EMPLOYMENT APPLICATION



## Human Resources Department

68 Allison Avenue

Taunton, MA 02780

Phone: 508-880-0202 Fax: 508-880-2425

[www.ahsinc.org](http://www.ahsinc.org)

## An Equal Opportunity/Affirmative Action Employer

Associates for Human Services believes in treating each employee and applicant for employment fairly and with dignity. We base our employment decisions on merit, experience, and potential, without regard to race, color, national origin, sex, marital status, sexual orientation, gender identity, age, religion, disability, protected veteran status, or any other characteristic prohibited by federal, state, or local law.

You must submit a fully completed Employment Application for each position you apply for. Please answer all of the questions on all four pages accurately and completely. "See resume" or the like is not acceptable in any field.

If you need assistance completing this application, please ask and assistance will be provided.

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

## Applicant Information

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

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

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*day evening*

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.)

How did you hear of this job opportunity?

social media  agency  website/recruiting website \_\_\_\_\_

employee referral \_\_\_\_\_  other \_\_\_\_\_



## Licenses/Certifications

Please list all licenses or certifications you have that you believe are relevant to the position you are seeking. A valid license is a condition of employment for most positions.

	State of Issue	Expiration Date
Valid Driver's License:		
Valid Professional License:		
Other: _____		

## Employment History

List all employment covering the past 10 years work experience and include any work performed on a volunteer basis which can be verified, starting with present or most recent. List most recent job first.

If presently employed, may we contact your employer as a reference?  yes  no

Employer Name, Address, Phone	Dates of Employment	Reason for Leaving
Employer 1	From: To:	
Immediate Supervisor:	Position(s) Held	
Employer 2	From: To:	
Immediate Supervisor:	Position(s) Held	
Employer 3	From: To:	
Immediate Supervisor:	Position(s) Held	
Employer 4	From: To:	
Immediate Supervisor:	Position(s) Held	

## References

Please provide the names of at least 3 persons not related to you, whom you have known at least one year, and who can attest to your character, credentials, performance or accomplishments.

Name, Job, Title and Company	email address	Phone number	Nature of Relationship

## Information for Applicants

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 liabilities.

Ability to perform the essential functions of the position, with or without reasonable accommodation, is a condition of employment.

## Applicant's Certification and Agreement

**YOUR APPLICATION IS NOT COMPLETE UNTIL YOU HAVE READ AND INITIALED EACH STATEMENT AND YOU HAVE SIGNED BELOW. Please read carefully:**

Initial \_\_\_\_\_ I understand that, prior to extending an offer of employment, and at any time during employment if I am hired, AHS may require me to (a) authorize it to obtain a background check regarding my character, general reputation, employment, military service, education, driving report, and criminal history; (b) complete drug and/or alcohol testing; and/or (c) complete a medical examination.

Initial \_\_\_\_\_ I authorize AHS and its agents (including any consumer reporting agency) to make inquiries and obtain information related to my application and suitability for employment; and I release AHS and its past, present and future board members, officers, employees, attorneys, insurers, agents, and affiliated entities from all liability with respect to inquiries about me; and I release all persons or entities from all liability in connection with their participation or responses to such inquiries.

Initial \_\_\_\_\_ I understand that any offer of employment, and my employment if I am hired, are conditional upon results satisfactory to AHS of any background checks, educational and employment references; verification of military records, diplomas, credentials, licenses, and certifications; and other information AHS considers relevant to my suitability for employment. Unacceptable information discovered at any time may result in withdrawal of any job offer, or if I already have started work my employment may be terminated.

Initial \_\_\_\_\_ I understand that a criminal history is not an automatic bar to employment, unless provided by law, and consideration will be given to a number of factors which may include (but not limited to) relevance to the position sought, and the nature, circumstances and date of event or conviction. If I have any questions whether I am required to disclose certain information about my criminal history, I will consult with my own legal counsel.

Initial \_\_\_\_\_ I agree to submit to legally permissible drug and/or alcohol testing at AHS' request, and I understand that test results may be used to determine my eligibility for employment or continued employment. I will be provided a copy of Drug and Alcohol Testing Policy of AHS on my request.

Initial \_\_\_\_\_ I agree that if employed, I will be an employee "at will" unless I am covered by a collective bargaining agreement or have an individual employment agreement that states otherwise. At-will means that AHS and I each have the right to terminate the employment relationship at any time, for any reason, with or without notice, regardless of the date or period of payment of my wages. I agree that I will familiarize myself with and follow AHS' written and unwritten rules, regulations, policies, practices, procedures and directives.

Initial \_\_\_\_\_ I understand that any consideration of this application for employment will be for the position specified on the first page of this application for a period of time not to exceed ninety (90) days. If I want to be considered for another position, or beyond ninety (90) days or the applicable hiring eligibility list, I will complete a new application.

**By my signature below, I agree to the foregoing statements, and I certify that I understand the content and intent of this application for employment and the information I have supplied in this application is true and complete. I understand and agree that any false statement or material omission by me in this application or any other part of the application process, if discovered now or at any later date, may be cause for withdrawal of any offer of employment or dismissal.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Voluntary Equal Opportunity Data Record

Our company is an equal opportunity employer. Qualified applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital, veteran status, genetics, gender identity, or status as a qualified individual with a disability.

As an equal opportunity employer, we comply with all relevant government regulations and affirmative action responsibilities. Solely to help us with equal opportunity recordkeeping, reporting and other legal requirements, please fill out this Data Record. Submission of this information is voluntary.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires AHS to determine this information by visual survey and/or other available information.

Name: \_\_\_\_\_  
(last) (first) (middle)

Please check one:  Male  Female

\*Please check those categories that are applicable to you below:

- |  |   |
|--|---|
| <input type="checkbox"/> Asian (Not Hispanic or Latino)<br><i>(A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</i> | <input type="checkbox"/> Hispanic or Latino<br><i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)</i>                     |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)<br><i>(A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)</i>  | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)<br><i>(A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</i> |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino)<br><i>(A person having origins in any of the black racial groups of Africa.)</i>   | <input type="checkbox"/> White (Not Hispanic or Latino)<br><i>(A person having origins in any of the origins of Europe, the Middle East, or North Africa.)</i>  |
|  | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)<br><i>(All persons who identify with more than one of the above races.)</i>   |

- 
- Individual with a Disability  
*(The above term means any person who (1) has a physical or mental impairment which "substantially limits" one or more of such person's major life activities, (2) has a record of such impairments, or (3) is regarded as having such an impairment. "Substantially limits" means likely to cause difficulty in securing, retaining or advancing in employment.)*
- Veteran with a Disability  
*(The above term means (1) a veteran which is entitled to compensation under laws administered by the Veterans' Administration for a disability rated at 30 percent or more, or (2) a person who was discharged or released from active duty because of a service connected disability.)*
- Veteran of the Vietnam Era  
*(The above term means an "eligible veteran" any part of whose military, naval or air service was during the "Vietnam Era." It is a person who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. The "Vietnam Era," according to regulations promulgated by OFCCP, appears to encompass the period between August 5, 1964 – May 7, 1975.)*
- Other Protected Eligible Veterans  
*Veterans who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized.*
- Newly Separated Veterans  
Any veteran who served on active duty in the U.S. military, ground, naval or air service during the past one-year period, beginning on the date of such veteran's discharge or release from active duty.