



CO-OP

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: CO-OP is committed to the principle of equal opportunity to all without regard to disability, race, color, religion, ethnic background, national origin, sexual orientation, age, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

GENERAL INFORMATION

Date:

Position(s) Applied For

(1)

(2)

Referral Source:

Advertisement/online search:
 Relative

Walk-in

Other

Friend

If referral, please list name & relationship:

APPLICANT INFORMATION

Last

First

Middle

Address:

Number

Street

City

State

Zip

Cell Phone

Home Phone

Have you ever filled out an application here before?

Yes

No

If yes, give date

Have you ever been employed by CO-OP before?

Yes

No

If yes, give date

Are you currently employed?

Yes

No

Are you authorized under the Immigration and Reform Control Act to work in the United States?

Yes

No

Employment Desired

Full-time

Part-time

Relief

Number of Hours Desired:

Shift Desired:

When are you available for work?

Rate of pay expected:

Can you work overtime if job requires it?

Yes

No

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Professional School				
Special Training:				

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

If driving is a requirement of your position, are you at least 18 years of age? Yes No

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

SPECIAL SKILLS & QUALIFICATIONS

Are you MAP Certified? Yes No

If yes: Active Not Active

Have you ever taken MAP training? Yes No

If yes, when: Date: _____

Please list any other special skills & qualifications:

OTHER CONSIDERATIONS

Please list other special skills you may have, e.g., Certifications (such as MAP, CPR/FA, etc.), fluency in other languages, professional licenses, special training required for the position for which you are applying, etc.

GAPS IN EMPLOYMENT*

Exclude information which indicates race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude information which indicates race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

*Please explain any gaps under "special considerations" on the previous page.

Current or Most Recent Employer	Dates Employed	Work Performed
	From: To:	
Address & Phone Number	Supervisor	
Job Title	Reason for Leaving	
Rate of Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employer	Dates Employed	Work Performed
	From: To:	
Address & Phone Number	Supervisor	
Job Title	Reason for Leaving	
Rate of Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employer	Dates Employed	Work Performed
	From: To:	
Address & Phone Number	Supervisor	
Job Title	Reason for Leaving	
Rate of Pay	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE SIGN HERE: _____

Date: _____

REFERENCES

Please list two references other than relatives or previous employers.

Name		Name	
Position		Position	
Company		Company	
Address		Address	
Telephone	()	Telephone	()

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated. If you do not understand any information given or questions asked in this application, please ask for an explanation.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the agency's designated health facility.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I will be subject to a background check, and hereby authorize CO-OP to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

OFFICE OF INSPECTOR GENERAL I also understand that CO-OP screens potential employees to ensure that these individuals are not excluded from participation in federal healthcare programs. This screening is done through the Office of Inspector General's List of Excluded Individuals/Entities as well as the General Services Administration's Excluded Parties List.

MASSACHUSETTS LAW

Under Massachusetts Law, 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.

Massachusetts General Laws c. 151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information (2) requesting genetic information concerning employees, applicants, or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

Thank you for your interest and for applying to CO-OP!

PLEASE SIGN HERE:

PRINT NAME:

DATE:

