

## **INSTRUCTIONS FOR JOB APPLICANTS**

Welcome to the YWCA of Western Massachusetts. We are glad that you are interested in working for us. In order for us to consider you for employment, please note the following:

- Please complete the attached Employment Application. Be sure to complete it legibly and in full. You may include a resume, cover letter, and/or letters of recommendation. Please ensure to include contact information (supervisor's name, company and phone number) for all employment references.
- Criminal record checks are mandatory prior to being offered a job. These records checks are done through either the Massachusetts Criminal History Board or the Department of Early Education and Care. Please note that DCF (Department of Children and Families) background checks are also done for all potential candidates for positions with a program licensed by EEC.) Therefore, we ask that you complete a CORI request form for each agency. If you are a finalist for a position, we will run the records check with the appropriate State agency, dependent upon the position you are applying for. Please fill out the Record Forms completely and accurately, answering all questions in full.
- As part of the criminal record check, we must obtain a copy of your driver's license or other government-issued picture identification for verification purposes. Please give your license or I.D. to the receptionist for photocopying at the time of your interview.
- Complete the Driving Record Release. We will then obtain your driving record from the Registry of Motor Vehicles. This is required prior to a job offer being made.

*Because applications, criminal record requests, and driving record releases are completed electronically, you will sign hard copies of these forms at the time of your interview.*

**If you meet the qualifications of the position you have applied for, you should be contacted by the hiring supervisor to schedule an interview within 2 weeks of submitting your application.**

If you are hired, please note that we will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with information from your Form I-9 to confirm work authorization. Please review the enclosed notices about E-Verify and your legal right to work.

Again, thank you for your interest in the YWCA. If you have any questions, please contact the Human Resources Department at (413) 732-3121, extension 113.

Revised: 6/12/09

## EMPLOYMENT APPLICATION

Please complete this application accurately and thoroughly. No question on this application is asked for the purpose of unlawfully limiting or excluding any applicant from consideration for employment due to race, color, national origin, religion, ancestry, sex, marital status, age, veteran status, disability, or sexual orientation, in accordance with state and federal laws. The YWCA of Western Massachusetts is an Equal Opportunity Employer.

Today's Date:

Name:

(Last)

(First)

(Middle Initial)

Other Names Used for Work or School:

Address:

(Street, City, State, Zip Code, include apartment # if applicable)

Home Phone:

Work Phone:

May we contact you at work?  Yes  No E-Mail Address:

Are you legally entitled to work in the United States?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Are you fluent in any other languages besides English?  Yes  No

If so, please list:

Do you have a valid driver's license?  Yes  No

Were you previously employed by this organization?  Yes  No

If yes, list department and dates:

Have you previously received services from the YWCA?  Yes  No

If yes, list program and dates:

Any relatives or friends working for this organization?

Referral Source (newspaper, employee, etc.)

**If referred by an employee, please list employee's name.**

Position or Type of Work Desired:

Shift/Hours/Days Preferred or Available:

Date Available to Begin Work if Accepted:

<b>EDUCATION</b>	<b>Name and Location of School</b>	<b>Course of Study</b>	<b>No. of Years Completed</b>	<b>Did you Graduate/ Date</b>	<b>Diploma or Degree</b>
<b>HIGH SCHOOL</b>					
<b>TRADE OR BUSINESS SCHOOL</b>					
<b>COLLEGE OR UNIVERSITY</b>					
<b>GRADUATE SCHOOL</b>					

Please list any certification, professional licenses, and/or registrations, etc.:

**EXPERIENCE – List Present and Former Employers for last 10 years beginning with the most recent. Please complete this in addition to providing us with a resume.**

Name, City, and Telephone # of Employer	Supervisor's Name	Describe your work	Last wages	Dates Started --- Left	Reason for leaving

It is the YWCA's policy to contact previous employers. Make any comments you feel we should know when we contact them.

In addition, please provide three **professional references** (do not list friends or relatives).

Name	Occupation	Telephone	Years Known
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- 1.
- 2.
- 3.

**How do you see yourself assisting the YWCA in meeting the goals of its mission?**

**Please explain why you selected this type of work.**

**Additional Information: Please list any additional employment or any other information you believe would be helpful:**

**Authorization for Release of Information:** I give permission to the YWCA of Western Massachusetts to investigate all pertinent information concerning my application in order to determine my qualification for employment. I understand that this investigation may include information as to my character, general reputation, personal characteristics, and work habits. I fully release the YWCA and my previous employers from all claims and liabilities resulting from the verification process.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**(Hard copy to be signed/dated at time of interview.)**

**APPLICANT'S CERTIFICATION – Please read carefully before signing**

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This is to certify that, to the best of my knowledge and belief, the answers given by me to the forgoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application, if discovered before employment, will affect my application unfavorably and, if discovered after employment, will be sufficient reason for dismissal.

If employed, I understand that neither this application nor any other YWCA document constitutes a personal contract of employment. I further understand and agree that my employment is for no stated term and may be terminated at the will of the YWCA.

If I am required to drive a YWCA vehicle as part of my job responsibilities, I will immediately notify the YWCA if my driver's license expires or is suspended for any reason.

I understand that any offer of employment is conditioned upon my submission of satisfactory proof of my legal eligibility to work in the United States.

\*\*\*\*\*

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as consent for the YWCA to request any information concerning my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**(Hard copy to be signed/dated at time of interview)**

*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.*

## **DRIVING RECORD RELEASE**

I, \_\_\_\_\_, give the **YWCA of Western Massachusetts** the right to investigate my driving record.

I hereby release from liability **Philadelphia Insurance Company** and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

License Number:

State Issued:

Date of Birth:

Years of Driving Experience:

List all accidents you have been involved in as well as any other traffic incidents (i.e. tickets, suspended license, etc.), including date and a brief description of each:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*(To be signed by applicant at time of interview.)*

**CORI REQUEST FORM**

YWCA of Western Massachusetts has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for convictions and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature (*To be signed at time of interview*)

**APPLICANT/EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name or Alias (if applicable): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (*Requested but not required*)

Mother's Maiden Name: \_\_\_\_\_ **ID THEFT INDEX PIN (if applicable):** \_\_\_\_\_

Current & Former Addresses: \_\_\_\_\_

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

State Driver's License Number: \_\_\_\_\_  
(\*Include state of issue)

\*\*\**The above information was verified by reviewing the following form of government issued photographic identification:* \_\_\_\_\_

Requested by: \_\_\_\_\_  
Signature of CORI Authorized Employee

\*The CHSB Identity Theft PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**

CONSENT FOR BACKGROUND RECORD CHECK OF  
**EMPLOYEE / VOLUNTEER / INTERN**

All current or prospective employees/regular volunteers/interns who work in the Department of Early Education and Care (EEC) licensed program named at the bottom of this form and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR 14.00) must complete and sign this Consent form.

**To be completed by applicant:**

Full Name: Last            First            Middle            Maiden or other Surnames

Date of Birth:            Place of Birth:            Gender:            Social Security # (optional):

Height:            Weight:            Eye Color:            Mother's Maiden Name:

Dates and Places of Residence for the Past Seven Years:

(From /To Number & Street City State ZIP)

*Please list other states in which you have resided:*

**Signing this form means that you (the applicant) understand:**

- EEC will conduct a Background Record Check (BRC) which consists of both a Criminal Offender Record Information (CORI) check and a Department of Social Services (DSS) background record check. EEC may use this information for investigative purposes if you or your employer is the subject of an EEC investigation.
- The results of the DSS and CORI checks will be shared with the employer/potential employer listed on this application. The employer/potential employer listed on this application will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DSS background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI check shows a criminal history, including convictions, pending charges, and/or criminal arraignments that did not result in conviction.

***I grant EEC permission to complete a BRC check on me and to provide the results to my employer/potential employer. I certify the information above is correct to the best of my knowledge.***

\_\_\_\_\_  
**Applicant's Signature/Date**    *(To be signed by applicant at time of interview.)*

**Employer Certification:**

The applicant is applying for a position or is currently employed in an EEC licensed program within the entity listed on the bottom of this form. I understand that the use of this form for any reason other than its intended purpose is unlawful. The applicant's identity was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_ (Please keep a photocopy of said identification in file with this application.)

\_\_\_\_\_  
**Signature of Authorized Background Check Reviewer/Date**