



# EMPLOYMENT APPLICATION

**MAB COMMUNITY SERVICES IS A DRUG-FREE WORKPLACE.**

Screen tests for alcohol and illegal drug use will be required before hiring, and may be required during your employment  
MAB is an Affirmative Action Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap

(PLEASE PRINT)

Date of Application: \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
AREA CODE

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

Referral Source:  Internet Ad  Website  MAB staff \_\_\_\_\_

Are you a citizen of the United States or are you legally eligible to work in this country?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Are you under 18?  Yes  No If yes, can you furnish a work permit?  Yes  No

Have you ever been employed here before?  No  Yes-dates: \_\_\_\_\_

Are you related to, the partner of, or currently living with a MAB employee?  Yes  No

On what date are you available for work? \_\_\_\_\_

Are you available to work (check as many as applies)

Full-time  Part-time  Day  Evening  Overnight  Weekends

**If you are applying for a position which requires driving as an essential job duty a motor vehicle record check will be done to insure that you have an acceptable driving record.**

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

Have you had three motor vehicle accidents in the past 6 years?  Yes  No

Have you had 3 moving violations in the past 3 years?  Yes  No

Have you been convicted of driving under the influence of alcohol or drugs?  Yes  No



## CRIMINAL HISTORY

A Criminal Offender Record Information (CORI) investigation will be conducted as part of the application process and periodically during the course of employment. Your CORI may be utilized by the criminal justice official, qualified mental health professional, or OCCS personnel conducting themselves in conformance with 102 CMR 14.00 or 115 CMR 11.07,11.11 (1),(2),(3) and DMR personnel responsible for carrying out the provisions of 115 CMR 11.15 and 11.16.

## SKILLS, TRAINING AND CERTIFICATIONS

*Please indicate any licenses or other professional designations:*

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> LSW          |
| <input type="checkbox"/> License Practical Nurse (LPN)     | <input type="checkbox"/> LCSW         |
| <input type="checkbox"/> Registered Nurse (RN)             | <input type="checkbox"/> LICSW        |
| <input type="checkbox"/> Occupations Therapist (OT)        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Physical Therapist (PT)           |                                       |

*Please indicate if you currently hold the following certifications:*

- Medication Administration Program (MAP)
- CPR
- First Aid

## ADDITIONAL INFORMATION

Do you have any physical, mental or medical impairment or disability that would limit your job performance in the position for which you are applying?  Yes  No

If yes, please describe the impairment or disability and indicate if there are workplace accommodations that would assure better job placement and/or enable you to perform your work to your maximum capacity.

Describe: \_\_\_\_\_

Please indicate any other information you think may be helpful to us in considering your application.

## EDUCATION

	High School	College/University	Graduate/Professional
<b>School Name</b>			
<b>Years Completed</b>	9 10 11 12	1 2 3 4	1 2 3 4
<b>Diploma/Degree</b>			
<b>Course of Study</b>			



**EMPLOYMENT EXPERIENCE:** MAB conducts employment verification as a part of all new hire consumer report. Please list your last three employers, starting with your current/most recent employer.

Please complete the following:	
<b>Dates Employed:</b> _____	
<b>Position Held:</b> _____	
<b>Company:</b> _____	
<b>Address:</b> _____	
<b>Phone Number:</b> _____	
<b>Supervisor:</b> _____	
<b>Reason for leaving:</b> _____	
<b>Dates Employed:</b> _____	
<b>Position Held:</b> _____	
<b>Company:</b> _____	
<b>Address:</b> _____	
<b>Phone Number:</b> _____	
<b>Supervisor:</b> _____	
<b>Reason for leaving:</b> _____	
<b>Dates Employed:</b> _____	
<b>Position Held:</b> _____	
<b>Company:</b> _____	
<b>Address:</b> _____	
<b>Phone Number:</b> _____	
<b>Supervisor:</b> _____	
<b>Reason for leaving:</b> _____	





## CERTIFICATION

I certify that the information given in this Application is true and complete to the best of my knowledge. My signature constitutes a declaration regarding my eligibility for employment under penalty of perjury.

I request a Criminal Offender Record Inquiry (CORI) investigation be done as part of my application and if I am employed by MAB Community Services I agree to the periodic conduct of further CORI investigations during the course of employment.

I authorize investigation of all statements in this Application that may be necessary in arriving at an employment decision, including past employment references. I understand that entering into and maintaining employment at MAB is subject to the verification of my statements, receipt of satisfactory references, and a criminal records review. I realize that all references received by MAB shall remain confidential.

MAB Community Services may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the MAB Community Services, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for MAB Community Services. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting MAB Community Services.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

I understand that false or misleading information and/or withholding of information in my Application or interview will be sufficient grounds for discharge. Further, I understand that neither in this Application, my employment, or the Employee Handbook constitutes a contract, and that my employment may be terminated by either myself or MAB for any reason at any time. I understand that no representative of MAB Community Services has the authority to make any assurances to the contrary.

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Signature of Applicant

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Date

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 the law shall be subject to criminal penalties and civil liabilities.