

APPLICATION FOR EMPLOYMENT



895 Mary Dunn Road, Hyannis, MA 02601
(508) 778.5040 Fax: (508) 778.9642 www.CapeAbilities.org

Accredited by The Commission on Accreditation of Rehabilitation Facilities

Thank you for applying for employment with Cape Abilities. Cape Abilities is committed to equal employment opportunity for all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, marital status, national origin, ancestry, age, disability, genetic information, or veteran status. We are an Affirmative Action/Equal Opportunity Employer.

GENERAL INFORMATION

In order to qualify for consideration, you must complete all sections of this application, and you may not respond "See Resume" to any question, even if it duplicates information on your resume. This application must be fully completed prior to the first employment interview.

Name: _____ Date: _____
 First Middle Last Nickname

Present Address: _____
 Street or Post Office Box City State Zip Code

Is there another name under which you have worked and/or attended school that we should use when making inquiries about you?

Other Name: _____
 First Middle Last Nickname

Phone Number: Day _____ Evening _____ Cell _____

Best time(s) to reach you? _____

How did you hear about job opportunities at Cape Abilities?

- Cape Abilities Parent Cape Abilities Volunteer
- Cape Abilities Employee: _____ Internet: _____
- Friend or Colleague: _____ Walk-In
- Newspaper: _____ Job Fair: _____
- Job Placement Office: _____ Other : _____
- College/University Placement Office: _____

Are you currently authorized to work in the U.S.? YES NO

If an employment offer is extended, you will be required to provide documentation verifying your continuing eligibility to work in the United States as a condition of employment.

Are you 18 years of age or older? YES NO

EDUCATION

Indicate School and City/State	Circle Last Year Completed	Did You Graduate?	Degree (if applicable) and field of study/specialty
High School _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Name of Candidate: _____

POSITION INTEREST

Position(s) sought: _____

Date Available to Work: _____

Type of employment sought (check all that apply): Full Time Part Time On Call

Substitute Summer Volunteer

Minimum salary requirements: \$ _____ Per: _____
(specify amount) (specify period)

EMPLOYMENT HISTORY

Have you ever applied here before? Yes No If yes, when? _____

Have you been previously employed by Cape Abilities? Yes No If yes, when? _____

List any relatives and/or acquaintances currently working for Cape Abilities: _____

Do you have a valid Massachusetts Driver's License? Yes No

Starting with current or most recent job first, list all employment. You may include volunteer work if you wish.

(Most recent position)

Dates worked: From: _____ To: _____ Job Title: _____

Salary History: Starting: \$ _____ Ending: \$ _____ Per: _____

Agency / Company Name & Address: _____

Supervisor's Name: _____ Reason for Leaving _____

Job Duties _____

Dates worked: From: _____ To: _____ Job Title: _____

Salary History: Starting: \$ _____ Ending: \$ _____ Per: _____

Agency / Company Name & Address: _____

Supervisor's Name: _____ Reason for Leaving _____

Job Duties _____

Dates worked: From: _____ To: _____ Job Title: _____

Salary History: Starting: \$ _____ Ending: \$ _____ Per: _____

Agency / Company Name & Address: _____

Supervisor's Name: _____ Reason for Leaving _____

Job Duties _____

Dates worked: From: _____ To: _____ Job Title: _____

Salary History: Starting: \$ _____ Ending: \$ _____ Per: _____

Agency / Company Name & Address: _____

Supervisor's Name: _____ Reason for Leaving _____

Job Duties _____

Name of Candidate _____

SKILL INFORMATION (Check Appropriate Areas and SPECIFY skills. Attach Additional Sheet if Necessary)

Clinical Skills: _____

Language Skills: _____

Direct Care Experience: _____

Computer/Office/Administrative Skills: _____

Supervisory/Management Skills: _____

Other Skills: _____

PROFESSIONAL CERTIFICATION(S) AND LICENSE(S)

Indicate states where currently certified/licensed and type of certification(s)/license(s): _____

Have you ever had a professional certification or license suspended, revoked, or terminated? No Yes
If Yes, Explain _____

SECURITY INFORMATION

Have you ever had any civil judgment, restraining order, or other civil court order entered against you resulting from allegations of domestic abuse, elder abuse or neglect, assault, battery, harassment, stalking, or other threatening behavior toward other people? Yes No

If Yes, Explain: _____

Have you ever been found responsible for the abuse or neglect of a disabled person by the Disabled Persons Protection Commission? Yes No

If Yes, Explain: _____

Name of Candidate: _____

REFERENCES

If currently employed, I hereby authorize Cape Abilities to contact my present employer: Yes No

In the space provided below, please provide at least three business/professional references. Please do not list relatives. **All of your references should be individuals for whom you have worked directly, and to whom you are not related.** If you have a limited work history, you may provide personal references.

Name/Agency or Company	Title	Phone Number	Working Relationship
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

PLEASE READ CAREFULLY

Criminal Records. CAPE ABILITIES will perform a Criminal Offense Record Inquiry (CORI) on prospective employees whom CAPE ABILITIES finds are otherwise qualified for a position and to whom CAPE ABILITIES makes a conditional offer of employment. All offers of employment are conditional on Cape Abilities' determination that records are satisfactory in accordance with Massachusetts regulations. CORI information may be used by a criminal justice official, qualified mental health professional, Cape Abilities' CORI Reviewer, or Department of Mental Retardation personnel.

Pre-Employment Drug Testing and Medical Information. Some offers of employment are conditional upon a satisfactory physical examination and/or pre-employment drug test, where required.

Lie Detector Tests. 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.

References and Record Verification. Any and all information provided by the applicant during the hiring/applicant screening process is subject to verification by Cape Abilities. Cape Abilities and/or its agent(s) will take whatever steps deemed necessary to contact current and previous employers, individuals listed as references, other individuals, schools and/or licensing authorities to provide information and/or to verify or clarify information provided.

Acceptance of Application. This application is not a contract of employment. Acceptance of this application by Cape Abilities does not imply that the applicant will be employed. The hiring/screening process is not complete until all required documents and verifications have been completed, received, and reviewed. Any offer of employment is contingent upon completion of the hiring/screening process.

CERTIFICATION AND AUTHORIZATION

I have read and understand the information above. I certify that the information in this application and in any other materials provided by me is true, correct, and complete. I understand that any falsification, misrepresentation, omission or withholding of information during the hiring/screening process will result in the rejection of my application or my discharge from employment, if employed.

I authorize Cape Abilities or its authorized agents/contractors to make inquiries of any persons or organizations about my work or educational history, and to verify the information contained in this application and any supporting materials, none of which will be returned to me. I authorize all previous employers or other persons who have knowledge of me or my records to release such information to Cape Abilities. I hereby release any individual, agency or organization from all liability in responding to Cape Abilities in connection with my application, and release Cape Abilities from all liability with respect to any inquiries.

I understand that no verbal promises or guarantees relating to employment are binding upon Cape Abilities, and that, if employed, I will be an employee "at will", which means that both Cape Abilities and I will be free to terminate my employment at any time, with or without cause or notice. If I am employed, I agree to abide by Cape Abilities' policies, rules, and procedures, and any changes thereto. I further understand that there are continuing conditions of employment that may require physical exams, drug or alcohol tests, verifications of safe driving records, checks for valid and current licenses or certifications or other employment-related verifications which may occur at any time prior to, or during my employment.

My signature certifies that I understand and agree with the paragraphs above.

Signature of Applicant: _____ **Date:** _____