



Father Bills & MainSpring does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, ancestry, sexual orientation, age, handicap, or any other characteristic protected by Federal, State or Local law. No question on this application is intended to secure information to be used for such discrimination.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment.

I recognize that any offer of employment will be conditional upon my showing documents establishing that I am authorized to be employed by Father Bills & MainSpring and I agree to provide such documents as required by law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, Father Bill's may request that a background check be completed which may include information as to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that Father Bill's completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Executive Director within a reasonable time after you complete this application.

Father Bill's is authorized to obtain pertinent reference information from former employers in the processing of this application.

I hereby acknowledge that I have read and understand the foregoing disclosures.

Signature: _____ Date: _____

Please answer every question using ink. Please print.

SS#: _____

Legal Name: (First, Middle, Last) _____

Contact Telephone # _____

Address: (Number, Street) _____

Alternate Telephone # _____

(City) _____ (State) _____ (Zip Code) _____

Length of Time at this Address _____

List previous addresses within the United States, except Military, if address has changed during the past 5 years.

Number	Street	City	State	Dates

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Are you over the age of 18 years? Yes No (Proof of identity and eligibility will be required upon employment.)

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Do you have a valid Driver's License? Yes No Issuing State and Number: _____

How did you learn of employment opportunities at Father Bills & MainSpring?

Why do you wish to work at Father Bills & MainSpring?

Describe any experience you have volunteering or working for non-profit organizations:

Can you perform the essential functions of the position for which you are applying? Yes No

If no, please explain. (If you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

If hired, when would you be available to begin work? _____

Interested in: (check all that apply) Full-time Part-time Fill-In

Days and Hours Available: (Please list the times you would be available to work at Father Bills & MainSpring.)

Day:	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
AM							
PM							

Consistent attendance and punctuality are essential requirements of every job with this organization. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with Father Bills & MainSpring?

Yes No If Yes, please explain:

GENERAL INFORMATION:

Have you been employed here previously? Yes No

Have you ever applied here before? Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes No If Yes, please explain:

(As a provider of services for the Executive Office of Health and Human Services we are mandated to obtain a CORI (Criminal Offender Record Information) report on all prospective employees who have the potential for unmonitored contact with the clients by our agency. A conviction record will not necessarily be a bar to employment. Factors such as relation to job, age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.)

EDUCATION:

Type of School	Name & Address of School	Major Subject; Degree Received	Circle Last Year Attended	Graduated?
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			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 School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you completed any special courses, seminars, or training that would enable you to perform the position for which you are applying? Yes No If Yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflect your race, color, religion, age, sex, sexual orientation, marital status, or disabilities.)

Are you planning to pursue further studies? Yes No If Yes, where and what courses?

EMPLOYMENT RECORD: Starting with PRESENT or MOST RECENT, list all previous employers or verifiable volunteer work. List only employers located within the United States. Include self-employment, summer, and part-time jobs. Attach an additional sheet if necessary.

_____ Company	_____ Dates Employed (Month and Year)	
_____ Address	_____ Starting Salary	_____ Ending Salary
_____ City and State	_____ Job Title	
_____ Describe Your Job Duties:		
_____ Reason for Leaving	_____ Name & Title of Immediate Supervisor	
_____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Contact Number:	

_____ Company	_____ Dates Employed (Month and Year)	
_____ Address	_____ Starting Salary	_____ Ending Salary
_____ City and State	_____ Job Title	
_____ Describe Your Job Duties:		
_____ Reason for Leaving	_____ Name & Title of Immediate Supervisor	
_____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Contact Number:	

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_____ City and State	_____ Job Title	
_____ Describe Your Job Duties:		
_____ Reason for Leaving	_____ Name & Title of Immediate Supervisor	
_____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Contact Number:	

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? Yes No If not, why not?

REFERENCES:

<input type="checkbox"/> Personal <input type="checkbox"/> Professional	Name:	Phone Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Professional	Name:	Phone Number:
<input type="checkbox"/> Personal <input type="checkbox"/> Professional	Name:	Phone Number:

NOTIFICATION AND AGREEMENT

Please Read Before Signing

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to the employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that may result from making an investigation.

If hired, I agree to abide by all of the organization's rules and regulations. I understand that if employed, my employment may be terminated with or without cause and with or without notice at any time at the option of either Father Bills & MainSpring or me. I further understand that no representation, whether or oral or written, by any representative or agent of Father Bills & MainSpring, at any time, can constitute a contract of employment. I further understand that the at-will nature of my employment cannot be changed except by a formal written contract signed by the Executive Director of Father Bills & MainSpring.

I understand that Father Bills & MainSpring and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application and in any accompanying documents. Without limiting in any way the at-will status of my employment if I am hired, I understand that if any of the statements on this application and its accompanying documents are untrue, I may be immediately discharged.

Applicant Signature: _____

Date: _____