

# APPLICATION FOR EMPLOYMENT

## **HABILITATION ASSISTANCE CORPORATION**

Habilitation Assistance Corporation is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, ancestry, national origin, age, disability, handicap, genetics or veteran status.

### **PERSONAL DATA:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. Name: \_\_\_\_\_  
*Last First Middle*
2. Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
*(Optional)*
4. How Were You Referred To Us?  
\_\_\_\_ Newspaper Ad                      \_\_\_\_\_ Walk In                      \_\_\_\_\_ Agency  
\_\_\_\_ School                                      \_\_\_\_\_ Employee                      \_\_\_\_\_ Other  
Name of Referral Source: \_\_\_\_\_
5. Are you legally authorized to work in the United States?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
*Note: If you are hired, you will be required to submit proof of legal right to work in the United States.*
6. Are you over 18 years of age?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No
7. If no, are you over 16 years of age?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No
8. Have you lived outside of the State of MA within the last 5 years?    \_\_\_\_\_ Yes    \_\_\_\_\_ No
9. Have you held an out-of-state drivers license within the last 10 years?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If so, where? \_\_\_\_\_

### **POSITION/AVAILABILITY:**

1. Indicate the position for which you are applying: \_\_\_\_\_
2. Type of employment desired:  
**Regular**                      Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_  
**Temporary**                      Full Time \_\_\_\_\_                      Part Time \_\_\_\_\_
3. Shift Desired    \_\_\_\_\_ Day    \_\_\_\_\_ Evening
4. Salary Desired \_\_\_\_\_
5. When could you start? \_\_\_\_\_
6. Have you ever worked for this Company before?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, please specify date, facility/division and location: \_\_\_\_\_
7. Have you ever applied for employment with this Company before?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, please specify date, facility/division and location: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

1. List below the names of all your employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or most recent employer first. You may use the reverse side of this application, if necessary.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT		REASON FOR LEAVING	TITLE/NATURE OF WORK	NAME/TITLE OF IMMEDIATE SUPERVISOR	SALARY	REFERENCE CHECKED BY: [COMPANY USE ONLY]
		FROM:	TO:					

2. Are you employed now? \_\_\_\_\_Yes \_\_\_\_\_No  
 If yes, may we inquire of your present employer? \_\_\_\_\_Yes \_\_\_\_\_No

3. Do you have any commitments to another employer which might affect your employment with us?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you subject to any restrictive covenants from prior employment such as agreements to protect confidential or proprietary information or agreements not to compete? If so, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

Provide the following information regarding 3 professional references who are former employers.

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED	REFERENCE CHECKED BY: [COMPANY USE ONLY]
1.				
2.				
3.				

**EDUCATIONAL DATA:**

TYPE OF SCHOOL	NAME AND ADDRESS	MAJOR OR COURSE OF STUDY	GRADUATED (Y OR N)	DEGREE
High School:				
College:				
College:				
Graduate School:				
Trade/Business School:				
Other:				

Subjects of Special Study or Research Work: \_\_\_\_\_

**MISCELLANEOUS:**

1. Were you in the U.S. Armed Forces? \_\_\_\_\_Yes \_\_\_\_\_No
  - 1a. If yes, what Branch? \_\_\_\_\_
  - 1b. Dates of Duty? From: \_\_\_\_\_ To: \_\_\_\_\_
  - 1c. Rank at Separation: \_\_\_\_\_
  - 1d. Briefly describe your duties: \_\_\_\_\_

*Note: This Company does not discriminate on the basis of National Guard or Reserve Unit Duty obligations.*

2. Please list any other information you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. **Exclude all information indicative of race, color, religion, sex, sexual orientation, ancestry, national origin, age, disability, handicap or genetics.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HABILITATION ASSISTANCE CORPORATION**  
**Writing Assessment**

Please describe your work experience and how it relates to this position.

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**AGREEMENT: (Please read the following statements carefully).**

I certify that all information on this application and any other material provided by me is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this Company or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and the Company. and its agents from all liability which may flow from the release of such information.

**I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that the Company will similarly enjoy the right to terminate my employment, at any time, with or without cause.** This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of the Company I further acknowledge that I am expected to abide by all Company rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: 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.*