

7/18/2012

Important notice for applicants interested in working for RWA.

**THE STARTING RATE OF PAY FOR
EVERYONE IS \$9.00 PER HOUR**

**THESE ARE TEMPORARY JOBS WITH
NO ADDITIONAL BENEFITS**

***All RWA applications must have a copy of a valid registry
issue state issued ID card or a valid US passport attached.
It must be a registry issued picture ID or US Government
issued passport. We will not be able to process the
application without a copy of an acceptable form of ID.***

Applications may be dropped off at the

**RWA Office located at
300 Howard St. Framingham, MA
or
701 Main St. Worcester, MA**



Ready, Willing & Able

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. We consider applications for all positions without regard to age, race, color, religion, national origin, sex, sexual orientation, military status, disability, or any other legally protected status pursuant to Massachusetts Fair Employment Practices Act, and other relevant federal, state and local laws. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

Position(s) applied for: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: (____) _____ Mobile/Beeper/Other Phone #: (____) _____

Are you over age 18? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

Date available for work: ____/____/____ What is your desired salary range? \$ _____

Type of employment desired (please circle): Full-Time Part-Time Temporary Volunteer Relief

List exact hours available for work:

Table with 7 columns: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

EMPLOYMENT HISTORY

Provide the following information of your past three (3) employers, assignments or verifiable volunteer activities starting with the most recent.

Employment history form with 3 main sections, each containing fields for From, To, Employer, Telephone #, Starting Job Title/Final Job Title, Address, Immediate Supervisor and Title, Summarize the Nature of Work Performed and Job Responsibilities, May we contact for references?, Reason for leaving?, and Hourly Rate/Salary.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER WHO EMBRACES DIVERSITY

SKILLS AND QUALIFICATIONS

List any licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Description	Issue Date	Exp. Date	Has it been revoked, suspended or modified?
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If you have had a license or certificate temporarily or permanently revoked, suspended or modified, please describe.

Summarize any pertinent training you have completed, skills you possess including computer, bilingual capabilities that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATIONAL BACKGROUND (if job related)

Name & Location	# of years completed	Did you graduate? Circle one	Course of Study	
High School		Yes / No		
College		Yes / No	Major	Degree
Other		Yes / No		

PROFESSIONAL REFERENCES

Name, Title and Company	Telephone #	# of yrs known
	()	
	()	
	()	

SOURCING INFORMATION

How did you hear about employment opportunities with RWA? _____

If you were referred by a SMOC/RWA Employee, please list Employee name here: _____

Do you have any relatives currently working at SMOC or RWA? Yes No
If so, who? _____

Have you ever been employed by SMOC or RWA before? Yes No
If Yes, give dates and positions: _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any person, companies, corporations or educational institutions supplying such information.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that any employment relationship with this organization is of an "at will" nature. I am free to resign at any time with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's executive director.

I authorize the release of any and all of my misdemeanor and felony conviction records and I authorize federal, state and local government agencies to supply said conviction records. If I am applying for a position that requires the use of a motor vehicle for business purposes, I authorize SMOC/RWA to obtain my driving record.

I also understand that if I am offered employment by SMOC/RWA, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant: _____

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 this law shall be subject to criminal penalties and civic liability.

CORI REQUEST FORM

Program: _____ **Funding Source:** _____

Position: _____ **Requestor's Name:** _____

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

South Middlesex Opportunity Council is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to South Middlesex Opportunity Council to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing South Middlesex Opportunity Council with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The South Middlesex Opportunity Council may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that South Middlesex Opportunity Council must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

South Middlesex
Opportunity
Council
 Organizing Resources for Social Change & Economic Independence

SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

Date of Birth	Place of Birth
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Last Six Digits of Your Social Security Number (Requested): _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name	Father's Full Name
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Current and Former Addresses:

Street Number & Name	City/Town	State Zip
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Street Number & Name	City/Town	State Zip
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The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee