



LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE

174 BRUSH HILL AVENUE, WEST SPRINGFIELD, MA 01089

PHONE 413-735-2200 FAX 413-735-2280

EMPLOYMENT APPLICATION

It is the policy of the Lower Pioneer Valley Educational Collaborative (LPVEC) to provide equal employment opportunities without regard to age, race, color, religion, sex, sexual orientation, gender identity, national origin, disability or handicap, ancestry, service in the military, results of genetic testing, or any other characteristic protected under state or federal law. Equal employment opportunity shall, respectively, be made available in accordance with applicable Federal and State Laws.

Please print clearly in ink and complete the entire six-page application.

APPLICATION INFORMATION

Today's Date _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Are you at least 18 years old? _____ Yes _____ No

Are you legally authorized to work in the U.S.? _____ Yes _____ No
(If hired, you will be required to provide proof of identity and work authorization.)

JOB INTEREST

Position applied for: _____ Full Time: _____ Part Time: _____

How did you hear about this opening? _____

Date available to begin work: _____

Days and hours available to work: _____

Do you have reliable means of transportation to get to work on time each day? _____ Yes _____ No

If required to drive a motor vehicle in the job applied for (i.e. school bus driver), do you have a valid driver's license?

_____ Yes _____ No Indicate License Class? _____ Class D _____ 7D _____ CDL

If yes, please provide: License Number _____ State _____

EDUCATION AND TRAINING

Please indicate education or training which you believe qualifies you for the position you are seeking. List high school, trade school, and college(s).

EDUCATION

School Name, City and State Major Subjects # Years Attended Diploma or Degree Received

LICENSE OR PROFESSIONAL CERTIFICATION

Please indicate professional licenses or certifications that you believe qualifies you for the position you are seeking. You need not disclose professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

License/Certification Type Level License/Certification # Expiration Date

OTHER PROFESSIONAL MEMBERSHIPS/BACKGROUND EXPERIENCES/SPECIAL SKILLS

Briefly describe the type of work for which you are best qualified. Include all experiences you have which you feel would be of importance to you as an applicant and special skills such as licenses, computer and software knowledge, etc. You need not disclose professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

WORK EXPERIENCE

List all previous work experience. Begin with present position and work back. Include U.S. Military Service. You may include any verified work performed on a volunteer basis in this list.

May we contact your present employer? Yes No

Employer 1 _____ Telephone _____

Address _____ Position _____

Dates of Employment: From _____ To _____ Full-Time _____ Part-Time _____
Mo/Yr Mo/Yr

Supervisor _____

Duties _____

Reason for Leaving _____

Employer 2 _____ Telephone _____

Address _____ Position _____

Dates of Employment: From _____ To _____ Full-Time _____ Part-Time _____
Mo/Yr Mo/Yr

Supervisor _____

Duties _____

Reason for Leaving _____

Employer 3 _____ Telephone _____

Address _____ Position _____

Dates of Employment: From _____ To _____ Full-Time _____ Part-Time _____
Mo/Yr Mo/Yr

Supervisor _____

Duties _____

Reason for Leaving _____

Employer 4 _____ Telephone _____

Address _____ Position _____

Dates of Employment: From _____ To _____ Full-Time _____ Part-Time _____
Mo/Yr Mo/Yr

Supervisor _____

Duties _____

Reason for Leaving _____

Explain any gaps in work history: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

If any employment was under a different name, indicate name: _____

PROFESSIONAL REFERENCES

List at least three individuals who can provide professional references:

<u>Name</u>	<u>Company</u>	<u>Occupation</u>	<u>Phone Number</u>

What are your career goals?

**DISCLOSURE OF NAMES FOR
FAMILY MEMBERS WHO ARE STATE EMPLOYEES**
Disclosure Required by M.G.L. c.268A, §6B

Is your spouse, parent, brother, sister or child, or the spouse of your parent, brother, sister or child, a state employee? ____ **Yes** ____ **No**

If you answered Yes, please list below the name(s) of any state employee who is your spouse, parent, brother, sister or child, or who is the spouse of your parent, brother, sister or child, and indicate their relationship to you. Also, list the name of the state agency that employs those relatives.

NOTE: For purposes of this disclosure, a "state employee" is a person holding a paid or unpaid office, position, employment or membership in a Massachusetts state agency. For purposes of this disclosure, a "state agency" is any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division, board, bureau, commission, institution, tribunal or other instrumentality within such department or agency, and any independent state authority, commission, instrumentality or agency, but **NOT INCLUDING** an agency of a county, city or town.

<u>Name of Relative</u>	<u>Relationship to Applicant</u>	<u>Name of State Agency</u>

Please read the following statements; they constitute the conditions under which you would be employed by LPVEC should you be accepted for employment:

I certify that all information that I have provided on this application is true and complete. I understand that falsifications, misrepresentations or omission of facts called for in this application may result in denial of employment or immediate dismissal.

I give the LPVEC permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment, and I hereby release LPVEC from any liability for damages that may result from that inquiry. This authorization includes permission for the LPVEC to do a check of my criminal history through CORI. I understand that a CORI check, acceptable to the LPVEC, is a condition of my employment.

This application for employment shall be considered active for the period of time up to the filling of the desired position. Any applicant wishing to be considered for employment after this time should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law or contract, any employment relationship with the LPVEC is of an "at will" nature, which means that either the Employee or the Employer may end the employment relationship at any time, with or without cause or notice. I further understand that this "at will" employment relationship cannot be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the LPVEC. If employed, I authorize the LPVEC and its employees or agents to provide any and all information regarding my employment history to any prospective employer who makes such a request of the LPVEC, and I release the LPVEC from any liability for any damages that may result from the provision of such information, whether the request for information is in writing and/or made orally. Likewise, the LPVEC, its employees and/or agents may provide the information orally or in writing. I understand and agree that I will not bring an action against the LPVEC, its employees or agents, and/or against the prospective employer, its employees or agents that relates to this release and/or the provision of information pursuant to this release.

Date: _____ Signature: _____

Massachusetts General Laws c.149 s19B requires that the following statement be included on employment applications; "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."

Please mail or fax entire six-page application and copy of licensure (if applicable) to:

**Human Resources Director
LPVEC
174 Brush Hill Avenue
West Springfield, MA 01089**

Fax #413-735-2280

This application for employment is good for 120 days only. Consideration for employment after 120 days requires a new application.



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

The Lower Pioneer Valley Educational Collaborative is registered under the provisions of M.G.L. Chap. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, consultants and volunteers.

As a prospective or current employee, consultant or volunteer, I understand that a CORI check will be submitted for my personal information to DCJIS. I hereby acknowledge and provide permission to the Lower Pioneer Valley Educational Collaborative 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 Lower Pioneer Valley Educational Collaborative with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND CONSULTING PURPOSES ONLY: The Lower Pioneer Valley Educational Collaborative may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Lower Pioneer Valley Educational Collaborative 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 provide below is true and accurate.

The information below is correct to the best of my knowledge.

SIGNATURE DATE

SUBJECT INFORMATION (Please Print)

Last Name First Name Middle Name Suffix

Maiden Name (or other names by which you have been known)

Place of Birth: _____ Last 6 digits of Social Security Number: _____ - _____

Mother's Full Maiden Name: _____ Father's Full Name: _____

Current and Former Addresses: _____

Sex: _____ Height: _____ Race: _____ Eye Color: _____ State Driver's License #: _____ State of Issue: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE.

The information was verified with the following form of Government issued photographic identification: _____

Requested by: _____ Authorization Code: _____
Signature of CORI Authorized Employee