

COUNCIL OF SOCIAL CONCERN

APPLICATION FOR STAFF, VOLUNTEER AND INTERN POSITIONS

(This application form must be completed by all staff and intern applicants for agency positions. This application form must be completed by all volunteer applicants for regular agency positions that have the potential for direct client or consumer contact or that involve on-going agency involvement.)

I. PERSONAL:

1. NAME (First, Middle Initial, Last): _____
2. HOME PHONE: _____ BUSINESS PHONE: _____
3. ADDRESS (Street, City, Zip): _____

II. PRIOR EMPLOYMENT AT AGENCY (Paid, Volunteer, Intern):

1. Have you ever worked, interned or volunteered at our agency? YES _____ NO _____
2. Dates: _____ Program: _____ Position(s): _____

III. POSITION OR TYPE OF POSITION DESIRED:

IV. RATE OF PAY EXPECTED (for paid staff positions only)? _____

V. DATE AVAILABLE TO BEGIN IN POSITION: _____

VI. DAYS AND HOURS ARE YOU AVAILABLE: _____

VII. SPECIAL TRAINING OR SKILLS (foreign languages, computer, typing, art, music, etc.):

VIII. EDUCATION

SCHOOL	NAME & LOCATION	MAJOR	# OF YEARS COMPLETED	DEGREE / DIPLOMA
COLLEGE				
COLLEGE				
HIGH SCHOOL				
OTHER				

XI. EMPLOYMENT (Start with most recent position. List 3 most recent positions. You may, at your option list any other related positions:

1. Company Name: _____ Phone: _____
Company Address: _____
Employed (mo./yr.): From _____ To _____
Name & Position(s) of Supervisor(s): _____
Your Job Title: _____
Reason for Leaving: _____
State Your Rate of Pay (*for paid staff positions only*): Starting: _____ Last: _____
2. Company Name: _____ Phone: _____
Company Address: _____
Employed (mo./yr.): From _____ To _____
Name & Position(s) of Supervisor(s): _____
Your Job Title: _____
Reason for Leaving: _____
State Your Rate of Pay (*for paid staff positions only*): Starting: _____ Last: _____
3. Company Name: _____ Phone: _____
Company Address: _____
Employed (mo./yr.): From _____ To _____
Name & Position(s) of Supervisor(s): _____
Your Job Title: _____
Reason for Leaving: _____
State Your Rate of Pay (*for paid staff positions only*): Starting: _____ Last: _____

XII. WE MAY CONTACT EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE.

1. DO NOT CONTACT Employer Number: _____ Reason: _____
2. DO NOT CONTACT Employer Number: _____ Reason: _____

XIII. INTERN & VOLUNTEER EXPERIENCE. (List up to 2 related experiences in the last 3 years):

1. Company Name: _____ Phone: _____
Company Address: _____
Employed (mo./yr.): From _____ To _____
Name & Position(s) of Supervisor(s): _____
Your Job Title: _____
Reason for Leaving: _____

2. Company Name: _____ Phone: _____
Company Address: _____
Employed (mo./yr.): From _____ To _____
Name & Position(s) of Supervisor(s): _____
Your Job Title: _____
Reason for Leaving: _____

XIV. MILITARY (Complete this section if you served in the US Armed Forces):

1. Branch of Service: _____ Dates of Active Duty:

XV. ADDITIONAL INFORMATION (The information requested is needed for a legal permissible reason including, without limitation, a legitimate occupational qualification or business necessity.):

1. State names of relatives working for the Woburn Council of Social Concern:

2. Are you able to safely perform all the job related functions, as outlined on the job description or as described by interviewer? YES _____ NO _____
If NO, Please explain: _____
3. Are you legally eligible for employment in the United States? (for paid staff positions only)
YES _____ NO _____
4. Please disclose any criminal convictions or pending criminal charges, except for any arrest in which no conviction resulted; or a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbances of the peace; or any conviction or misdemeanor where conviction was completed more than five years before this application, unless you have been convicted of any offense within five years prior to this application: _____

5. If applying to the Children's Center, are you over 16 years of age? YES _____ NO _____
Are you over 20 years of age? YES _____ NO _____
(Employment For Certain Program Positions Is Limited by Massachusetts Office for Children Licensing Standards)

Prospective employees, volunteers and interns will receive consideration without discrimination because of race, color, religion, ancestry, national origin, gender, age, marital status, disability, status as a Vietnam veteran or Disabled veteran, political or union affiliation, and sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sexual object.

I authorize you to verify any of the data contained in this application, unless requested otherwise on this application. This may include contacting current and former employers for reference checks.

As an applicant for a position, I hereby understand and acknowledge that if I am a finalist for a position the Woburn Council of Social Concern, Inc., may review Criminal Offender Record Information.

The information I have provided in this application is to the best of my knowledge, true, correct

and complete. If I am accepted for a position, I understand and acknowledge that any misstatement or omission of pertinent fact on this application may result in my dismissal.

Signature

Date

**AFFIRMATIVE ACTION AND STATISTICAL INFORMATION
COMPLETION OF THIS PAGE IS OPTIONAL**

OPTIONAL Do You Wish To Self Identify On The Basis Of Disability For Affirmative Action Purposes?
YES _____ NO _____

OPTIONAL Do You Wish To Self Identify On The Basis Of Vietnam Veteran Status For Affirmative Action Purposes? YES _____ NO _____

OPTIONAL Do You Wish To Self Identify On The Basis Of Race, Color, Ethnicity For Affirmative Action Purposes? YES _____ NO _____

**COUNCIL OF SOCIAL CONCERN, INC. IS AN AFFIRMATIVE ACTION AND
EQUAL OPPORTUNITY EMPLOYER**