

Amego, Inc.
 33 Perry Avenue
 Attleboro, MA 02703
 Tel. # (508) 455-6200
 Fax. # (508) 455-6211



Residential Sites:
 Attleboro, Brockton, Easton,
 Foxboro, Mansfield, North Easton,
 Norton, Norwood,
 Plainville, & Taunton, MA

Application for Employment
(PLEASE PRINT CLEARLY. Incomplete applications will not be processed.)

1. Last Name _____ First Name _____ Middle Initial _____
2. Address: _____
 (Street) (City/town) (State) (Zip)
- Mailing address (if different): _____
3. Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____
4. Social Security Number: _____
5. Emergency Contact Name: _____ 6. Phone Number: (_____) _____

Please **CIRCLE** the shifts for which you are available. (Residential schedules may combine 1st, 2nd & 3rd shifts).
Kindly consider your other obligations carefully as YOU MUST BE ABLE TO WORK THE ENTIRE SHIFT!
(You are not required to indicate the need for absences for religious practices during scheduled work hours.)

	1st shift = Days (total of 40 hours) Adult Day/Voc: 5 days @ 8 hours School: 5@8 hrs OR 4@10 hrs	2nd shift = Evenings (Residential) Start/end times vary by program.	3rd shift = Overnights (Residential) (AWAKE or ASLEEP) Asleep = Pay Differential
Mon.	8am-4pm OR 6am-4pm	2:30pm-11:30pm OR 3pm-11pm	11pm-9am OR 11:30pm-9:30am
Tues.	8am-4pm OR 6am-4pm	2:30pm-11:30pm OR 3pm-11pm	11pm-9am OR 11:30pm-9:30am
Wed.	8am-4pm OR 6am-4pm	2:30pm-11:30pm OR 3pm-11pm	11pm-9am OR 11:30pm-9:30am
Thur.	8am-4pm OR 6am-4pm	2:30pm-11:30pm OR 3pm-11pm	11pm-9am OR 11:30pm-9:30am
Fri.	8am-4pm OR 6am-4pm	2:30pm-11:30pm OR 3pm-11pm	11pm-9am OR 11:30pm-9:30am
Sat.	9:30am – 4:30pm (Residential)	4:30pm-11:30pm	11pm-9am OR 11:30pm-9:30am
Sun.	9:30am – 4:30pm (Residential)	4:30pm-11:30pm	11pm-9am OR 11:30pm-9:30am

Additional schedule information? (School, other job, etc.) _____

7. Please identify the population with which you prefer to work: ___ Adults or ___ Children (thru age 22).
8. Position(s) of interest: _____
9. How did you hear about us? _____
10. Date available to begin work: _____
11. Have you filed an application here before? Y/N If yes, when? _____
12. Have you ever held a position with this company? Y/N If yes, when? _____
13. Are you currently employed? Y/N
14. Are you 18 years of age or older? Y/N
15. Are you legally eligible for employment in this country? Y/N (Documentation will be required upon employment.)
(All IDs submitted must bear the exact name noted on application.)
16. Do you have a current valid driver's license? Y/N (Documentation will be required upon employment.)
(All IDs submitted must bear the exact name noted on application.)

EMPLOYMENT HISTORY (must be fully completed even if a resume is also submitted.)

Please list your **last four (4) employers, beginning with most recent**, including any military experience.

You may also include any verified work performed on a volunteer basis.

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Employed** from ____/____/____ to ____/____/____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Employed** from ____/____/____ to ____/____/____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Employed** from ____/____/____ to ____/____/____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Employed** from ____/____/____ to ____/____/____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

SKILLS, QUALIFICATIONS AND ADDITIONAL EXPERIENCE

Organization: _____ Dates: from / / to / /

Activities: _____

Organization: _____ Dates: from / / to / /

Activities: _____

**Summarize any special skills or qualifications you have which may qualify you to work with our company.*

**List special accomplishments, publications, or awards. (You may exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.)*

**List any additional information you would like us to consider.*

EDUCATIONAL BACKGROUND – **Transcripts** must be provided noting awarding of degree(s). (If degree was obtained outside U.S., a report confirming U.S. equivalent must be submitted. See HR for details.)

1. High School:	Diploma:
Number of years completed:	Major:
2. College:	Degree:
Number of years completed:	Major:
3. College:	Degree:
Number of years completed:	Major:

PROFESSIONAL REFERENCES **(3) business/work references who are NOT related to you.**

(Please contact these individuals to verify their telephone numbers and notify them you listed them as references).

1. First and Last Name: _____	Tel #: _____ Relationship: _____	Company Name: _____ Years known: _____
2. First and Last Name: _____	Tel #: _____ Relationship: _____	Company Name: _____ Years known: _____
3. First and Last Name: _____	Tel #: _____ Relationship: _____	Company Name: _____ Years known: _____

ADDITIONAL TRAINING/ SKILLS (please only mark current certifications)

CPR (Exp Date: _____) Medication Administration Program (MAP) (Exp Date: _____)
 First Aid (Exp Date: _____) Sign Language: _____ Other: _____

Please indicate if you have experience in assisting individuals with any of the following tasks:

Behavioral programming	Supported employment	ADL skills training
Collecting behavioral data	Recreational activities	Domestic skills training
Completing log entries	Medical emergencies	Banking
Academic training	Dispensing medication	Cooking
Crisis management	Public transportation	Shopping

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND RETURNING THIS APPLICATION.

I understand that any misrepresentation by me in this application will result in the cancellation of the application and or termination from Amego’s service if I have already been hired. I affirm that all information contained herein is true to the best of my knowledge.

I give Amego and its noted agents the right to investigate all references, and all other information contained in this application, unless I have specifically written otherwise. I understand that failure to provide appropriate references may result in the cancellation, or withdrawal, of any job offer.

I understand that any initial offer of employment is conditional upon the results of all pre-employment protocol, satisfactory completion of all required training, and satisfactory job performance. I understand that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time and without prior notice. I understand that no Amego representative, other than the Board of Directors, has the authority to make any assurances to the contrary.

I further understand that Amego will require current TB clearance, screening for illegal drug use, a Criminal Offenses Records Investigation (Amego, Inc., has been certified by the Criminal History Systems Board to access criminal conviction data), BCI for RI Residents, Disabled Persons Protection Commission Check, Driving Record Check and documentation of eligibility for employment within the United States. Failure to comply may result in the termination of the employment relationship.

Amego is an Equal Opportunity Employer and does not discriminate in employment on any basis prohibited by local, state, or federal law. I understand that no information from this application will be used for the purpose of limiting or excluding any applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from Amego and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of applicant

Date

Received by

Date



Applicant Reference Inquiry

Applicant Name:	Social Security #:	Date:
Applicant's Signature:		

Applicant's Release Authorizing Check of Credentials and References

In consideration of, and to facilitate, the evaluation of my suitability for employment, I hereby authorize Amego to perform all checks of my credentials and references concerning my educational/employment background and personal attributes as they relate to job suitability. This includes, but is not limited to, discussions with past or present supervisors, co-workers and friends.

I agree not to assert any claims or causes of action of any kind against any Employer, its agents, its employees and the individuals and companies contacted by the Employer as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Employer's investigation of my credentials. I acknowledge that the Employer has made no representations of any kind as to whether employment will be offered at the conclusion of the process.

Applicant-Please Do Not Write Anything Below. Thank you.

Name of Reference: _____

Phone Number: _____

QUESTIONS:

What capacity and for how long have you known the applicant? _____

Has the applicant ever held a position like the one she/he is applying for? _____

What are his/her clinical skills like? _____

What do you see as the applicant's greatest strengths? _____

What do you see as the applicant's weaknesses? _____

What are the applicant's written skills like? _____

Do you feel the applicant will be able to handle the kind of clients Amego serves, given that they can exhibit aggressive and self-injurious behavior? _____

Can you give a narrative about the applicant? (i.e. job performance, appearance, reliability, dependability, etc.) _____

Have you known this person to ever supervise? Please describe: _____

If the applicant has worked for you, would you rehire him/her? _____

Caller's Name

Date



Educational Reference Inquiry

Applicant must submit transcript(s) indicating awarding of degree(s).

Applicant Name:	Social Security #:	Date:
Applicant's Signature:		
College/University:		
Address (street, state, zip)		
Phone Number (area code + number)		
Please Check Type(s) of Degree(s) : Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/>		

Applicant's Release Authorizing Check of Credentials and References

In consideration of, and to facilitate, the evaluation of my suitability for employment, I hereby authorize Amego to perform all checks of my credentials and references concerning my educational/employment background and personal attributes as they relate to job suitability. This includes, but is not limited to, discussions with past or present supervisors, co-workers and friends.

I agree not to assert any claims or causes of action of any kind against any Employer, its agents, its employees and the individuals and companies contacted by Amego as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from Amego's investigation of my credentials. I acknowledge that Amego has made no representations of any kind as to whether employment will be offered at the conclusion of the process.

Educational Reference

Degree Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University:
Reference Name (Please print):
Reference Signature:



Affirmative Action Questionnaire
(Please do not copy double-sided.)

Completion of this questionnaire is voluntary. If you do not choose to complete the questionnaire, indicate this in question number seven. If you do choose to complete the questionnaire, the information will be used to evaluate Amego’s progress towards meeting the goals established in the Affirmative Action Plan. Completed forms will be kept separate from your personnel file.

Date: _____

1. Name: _____

2. Position/Program Location: _____

3. Gender: Female _____ Male _____

4. Racial Origin (please check one):

Black _____ Hispanic _____ American Alaska Native (must be certified by Office of Indian Affairs) _____
Cape Verdean _____ Asian American _____ (Asian/Pacific Islander) _____ Caucasian _____

5. Handicap*: Do you wish to identify yourself as a handicapped individual? A person who has a physical or mental impairment rate that:

- * Substantially limits one or more of life’s major activities
- * Has a record of such impairment, and
- * Whose handicap/disability was not acquired during military service

Yes _____ No _____

If checked yes, please answer the following:

- a. Are accommodations necessary? Yes _____ No _____
- b. Have accommodations been made? Yes _____ No _____

6. Are you a veteran? Yes _____ No _____

7. I do not wish to complete this questionnaire: _____

Explanation: _____

Criminal Offender Record Information (CORI)

(Please do not copy double-sided.)

CONSENT FOR BACKGROUND RECORD CHECK OF EMPLOYEE /VOLUNTEER / INTERN

All current or prospective employees/regular volunteers/interns who work in the Department of Early Education and Care (EEC) licensed program named at the bottom of this form and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR (14.00) must complete and sign this Consent Form.

Last	First	Middle	Maiden or other Surnames	
Date of Birth (MM/DD/YYYY)		Place of Birth	Gender (M/F)	Social Security #
/ /				
Height	Weight	Eye Color	Mother's Maiden Name	

Dates and places of residence for the past SEVEN (7) years: (Use reverse side if needed.)

From	To	Number & Street	City	State	ZIP
/ /	to / /				
/ /	to / /				
/ /	to / /				

Please list other states in which you have resided: _____

Signing this form means that you (the applicant) understand:

- EEC will conduct a Background Record Check (BRC) which consists of both a Criminal Offender Record Information (CORI) check and a Department of Children and Families (DCF) background record check. EEC may use this information for investigative purposes if you or your employer is the subject of an EEC investigation.
- The results of the DCF and CORI checks will be shared with the employer/potential employer listed on this application. The employer/potential employer listed on this application will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DCF background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI check shows a criminal history, including convictions, pending charges, and/or criminal arraignments that did not result in conviction.

I grant EEC permission to complete a BRC check on me and to provide the results to my employer/potential employer. I certify the information above is correct to the best of my knowledge.

Applicant's Signature

Date

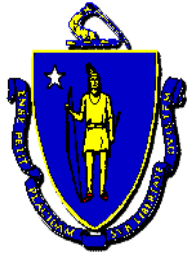
Employer Certification:

The applicant is applying for a position or is currently employed in an EEC licensed program within the entity listed on the bottom of this form. I understand that the use of this form for any reason other than its intended purpose is unlawful.

The applicant's identity was verified by reviewing the following form of government issued photographic identification:
_____ (Please keep a photocopy of said identification in file with this application)

Signature of Authorized Background Check Reviewer

Date



The Commonwealth of Massachusetts Disabled Persons Protection Commission (DPPC) pg. 1/2

50 Ross Way, Quincy, MA 02169 ▪ Phone (617)727-6465 (V/TTY),
(800)245-0062 (V/TTY); Hotline (800)426-9009 (V/TTY) ▪ FAX: (617)727-6469

Release of Information Form from prospective/current employee

I, _____,*
(First) (Middle) (Last)

of _____*
(Print home address)

Date of Birth _____ Social Security # _____

hereby knowingly and willingly authorize the Disabled Persons Protection Commission, 50 Ross Way, Quincy, Massachusetts, to release the following information and/or record(s) regarding me which is in the possession of said Commission to

Judy Siggins, HR Director
AMEGO, Inc.
33 Perry Ave
Attleboro, MA 02703

Any and all records regarding my involvement as an alleged abuser in a case reported to the Commission pursuant to M.G.L. c. 19C.

I understand that my record contains information about my identity and personal and confidential information. I understand that such records and/or information will be used by Amego in evaluating my employment application.

Signature of Prospective/Current Employee

Date of Signature

This form should be forwarded with a stamped self-addressed envelope to:
General Counsel, DPPC, 50 Ross Way, Quincy, Massachusetts 02169

***PLEASE LIST ON THE REVERSE SIDE:**

- 1. All home addresses for the last 8 years, if different from that given above.**
- 2. All previous employers for the last 8 years.**
- 3. Other names (i.e. maiden name, alias or from a previous marriage) you have used in securing employment.**

1. **All home addresses for the last 8 years, *if different* from that given on reverse side:**
(Please PRINT all information.)

Dates	Previous Home Addresses

2. **Name and Address for each previous employer for the last 8 years:**
(Print ALL information)

Dates	Previous Employer, Name & Address

3. **Other names (i.e. maiden name, alias or from a previous marriage) you have used in securing employment:** (Print ALL information)



Driving Record Authorization Form
(Please do not copy double-sided.)

(Please attach a copy of your current valid Driver's License. Received _____)

Name: _____ Date of Birth: ___/___/___
Print Full Legal Name

Driver's License # _____ State of Issue: _____ Expiration Date: ___/___/___

- 1) Have you had any traffic violations or accidents within the last three years? Yes No
If "Yes", please explain below in remarks section.
- 2) Have you ever had your driver's license suspended or revoked? Yes No
If "Yes", please explain below in remarks section.
- 3) Have you ever been convicted of:
 - a. Driving under the influence of drugs or alcohol? Yes No
 - b. Leaving the scene of an accident? Yes No
 - c. Reckless driving? Yes No
 If "Yes", please explain below in remarks section.

Remarks: Please use the space below to explain any/all "Yes" answers to above questions.

I, the undersigned, certify that the answers provided to the questions on this form are true to the best of my knowledge. I understand that any misstatements of facts on this form may make me ineligible for hire/employment. I authorize Amego, Inc. (or its representative) to run a check on my driving record now and, if hired, periodically during the course of my employment. I am aware that a condition of employment is maintaining a current valid driver's license and a driving record acceptable to both Amego and its insurer. I further acknowledge that, if hired, my failure to maintain same may result in my reassignment, or dismissal from my position at the sole discretion of Amego, Inc. I will notify Human Resources if my license is suspended or revoked.

Applicant/Employee Signature _____/_____/_____
Date of Signature

HR USE ONLY:		
 _____ REQUESTED BY	 _____ SENT	 _____ REC'D

Representative: Approved: _____ Approved with 6 month review: _____ Rejected: _____ Date: _____