

Amego, Inc.

115 Plymouth St.
Mansfield, MA. 02048
Tel. # (508) 261-1000
Fax. # (508) 261-1042



Residential Sites:

Attleboro, Brockton, Easton,
Foxboro, Mansfield, North
Easton, Norton, Plainville,
& Taunton, MA

Application for Employment

1. Last Name _____ First Name _____ Middle _____

2. Address: _____
(street) (city/town) (state) (zip)

Mailing address (if different): _____

3. Phone Number (_____) _____

OPTIONAL INFORMATION

4. Social Security Number: _____

5. Emergency Contact: _____ 6. Phone Number : (_____) _____

Approximate **hours** for which you are available: (you are not required to indicate the need for absences for religious practices during scheduled work hours)

	Days	Evenings	Overnight
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

7. Position: _____

8. Referred by: _____

9. Date available to begin work: _____

10. Have you filed an application here before? _____ If yes, when? _____

11. Have you ever held a position with this company? _____ If yes, when? _____

12. Are you currently employed? _____ May we contact you at work? _____

13. Are you 18 years of age or older? _____

14. Are you legally eligible for employment in this country? _____ (Proof will be required upon employ.)

15. Do you have a valid driver's license? _____ (Proof will be required upon employ.)

EMPLOYMENT HISTORY

List your **last four (4) employers**, beginning with most recent, including any military experience. You may include any verified work performed on a volunteer basis.

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Dates employed:** _____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Dates employed:** _____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Dates employed:** _____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

Employer name: _____ Address: _____

Phone number: _____ Supervisor: _____

Salary: _____ **Dates employed:** _____ May we contact for reference? _____

Summarize the nature of your work and job responsibilities: _____

Reason for leaving: _____

SKILLS, QUALIFICATIONS AND ADDITIONAL EXPERIENCE

Organization: _____ Dates: _____

Activities: _____

Organization: _____ Dates: _____

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

1. School: _____ Degree: _____

Number of years completed: _____ Major: _____

2. School: _____ Degree: _____

Number of years completed: _____ Major: _____

REFERENCES

List name and telephone number of three **(3) *business/work* references who are not related to you.**

1. Name: _____ Telephone: _____ Years known: _____

2. Name: _____ Telephone: _____ Years known: _____

3. Name: _____ Telephone: _____ Years known: _____

ADDITIONAL TRAINING/ SKILLS

CPR First Aid Restraint/ Crisis Intervention Fire Safety Medication Administration

ISP/IEP Human Rights Sign Language Other: _____

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

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. Affirm that all information contained herein is true to the best of my knowledge.

I give Amego and its agents the right to investigate all references and all other information contained in this application, unless I have specifically otherwise, and to secure other job related information. 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 result of an employment physical, 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 with out 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 a TB test, a screening for illegal drug use, a physical exam, a Criminal Offenses Records Investigation (Amego, Inc., has been certified by the Criminal History Systems Board for access criminal conviction data), 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 the employer 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 the Employer 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 Name:	Social Security #:	Date:
Applicant's Signature:		
College/University:		
Address (street, state, zip)		
Phone Number (area code + number)		
Please Check: Degree: Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Applicant's Release Authorizing Check of Credentials and References

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Educational Reference

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



Affirmative Action Questionnaire

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. Complete 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 Islanders) 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 _____

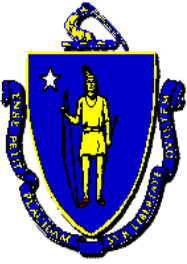
If checked yes, please answer the following:

- 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: _____



The Commonwealth of Massachusetts Disabled Persons Protection Commission

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

I, _____,*
(First) (Middle) (Last)
(Print Full Name of Prospective/Current Employee)

of _____*
(Print Residence 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.
P.O. Box 2377
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 in evaluating my application for employment by:

AMEGO, Inc.

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:
 (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)

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.**

To be completed by applicant:

Full Name	Last	First	Middle	Maiden or other Surnames
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Date of Birth (MM/DD/YYYY)	Place of Birth	Gender (M/F)	Social Security # (optional)
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Height	Weight	Eye Color	Mother's Maiden Name
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Dates and Places of Residence for the Past Seven Years: (Use reverse side if needed)

From / To	Number & Street	City	State	ZIP
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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 any 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
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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
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