



**CENTRAL BOSTON ELDER SERVICES**  
2315 Washington Street  
Boston, MA 02119  
617-277-7416

## Application for Employment

**Date of Application:** \_\_\_\_\_

Name:	Last	First	Middle
Address:	Street	City & State	Zip Code
Telephone #:	Home # ( )	Cell/Other # ( )	E-mail
Are you related to a Central Boston Elder Services employee, Central Boston Elder Services Board Member or a Central Boston Elder Services provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give name and relationship below:			
Name: _____		Relationship: _____	
<b>Position(s) applied for:</b>			
Referral Source:			
Desired Pay Range: \$                      (Hourly)                      OR                      \$                      (Salary)			
Have you ever been employed at CBES? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date from:                      to:			
Reason for departure: _____			
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you travel if job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATION

	Name & Location	Years Completed	Diploma/Degree	Major/Subject of Study
High School				
College or University				
Other Education				

## EMPLOYMENT HISTORY

Please list beginning from most recent (*You may include volunteer work, to the extent it can be verified*)

Employer:	Job Title
Address:	Supervisor:
Telephone #:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employment Start Date:          Month          Year	Employment End Date:          Month          Year
Why did you leave?	

Employer:	Job Title
Address:	Supervisor:
Telephone #:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employment Start Date:          Month          Year	Employment End Date:          Month          Year
Why did you leave?	

Employer:	Job Title
Address:	Supervisor:
Telephone #:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Employment Start Date:          Month          Year	Employment End Date:          Month          Year
Why did you leave?	

**SKILLS & QUALIFICATIONS**

Please list your areas of highest proficiency, special skills, licenses and/or certificates and other items that may contribute to your abilities in performing the position for which you are applying (please include computer skills as well):

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**REFERENCES**

List names and telephone numbers of three (3) work references; at least two (2) of which are supervisors

<b>Name</b>	<b>Title</b>	<b>Telephone #</b>	<b># of Years Known</b>
1.			
2.			
3.			

**APPLICATION STATEMENT**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, Central Boston Elder Services (CBES), to contact and obtain information from all references, 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 my previous employers, educational institutions and all other individuals and organizations listed in this application to give information about my employment, work habits and character.

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.

I understand that nothing contained in this employment application is intended to or does create an employment contract between CBES and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, but if are, I understand that no such promise or guarantee is binding upon CBES unless made in writing by authorized personnel. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that CBES retains a similar right with or without cause.

In the event of employment with CBES, I understand that any misrepresentation in this application or during the time of my employment will result in immediate termination.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that CBES does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

CBES is an Equal Employment Opportunity and Affirmative Action employer.

**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 Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_