



CO-OP

APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: CO-OP is committed to the principle of equal opportunity to all without regard to disability, race, color, religion, ethnic background, national origin, sexual orientation, age, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

GENERAL INFORMATION

Date:

\_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_ (2) \_\_\_\_\_

Referral Source: Friend, Advertisement/online search, Relative, Walk-in, Other. If referral, please list name & relationship: \_\_\_\_\_

APPLICANT INFORMATION

Last First Middle

Address: Number Street City State Zip

Cell Phone Email Home Phone

Have you ever filled out an application here before? Yes No If yes, give date
Have you ever been employed by CO-OP before? Yes No If yes, give date

Are you currently employed? Yes No

Are you authorized under the Immigration and Reform Control Act to work in the United States? Yes No

Employment Desired Full-time Part-time Relief

Number of Hours Desired: Shift Desired:

When are you available for work?

Rate of pay expected:

Can you work overtime if job requires it? Yes No

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**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Professional School				
Special Training:				

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**DRIVER'S LICENSE (Only for positions which require driving)**

Do you have a driver's license?  Yes  No

If driving is a requirement of your position, are you at least 18 years of age?  Yes  No

Have you had any accidents during the past three years?  Yes  No If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No If yes, how many? \_\_\_\_\_

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**SPECIAL SKILLS & QUALIFICATIONS**

Are you MAP Certified?  Yes  No  
If yes:  Active  Not Active

Have you ever taken a MAP Exam?  Yes  No

Have you ever taken MAP training?  Yes  No

If yes, when: Date: \_\_\_\_\_

Please list any other special skills & qualifications:

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**OTHER CONSIDERATIONS**

Please list other special skills you may have, e.g., Certifications (such as MAP, CPR/FA, etc.), fluency in other languages, professional licenses, special training required for the position for which you are applying, etc.

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**GAPS IN EMPLOYMENT\***

Exclude information which indicates race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

## WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude information which indicates race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

\*Please explain any gaps under "special considerations" on the previous page.

Current or Most Recent Employer	Dates Employed	Work Performed
	From:                      To:	
Address & Phone Number	Supervisor Email:	
Job Title	Reason for Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employer	Dates Employed	Work Performed
	From:                      To:	
Address & Phone Number	Supervisor Email:	
Job Title	Reason for Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employer	Dates Employed	Work Performed
	From:                      To:	
Address & Phone Number	Supervisor Email:	
Job Title	Reason for Leaving	
	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE SIGN HERE: \_\_\_\_\_

Date: \_\_\_\_\_

## REFERENCES

Please list two references other than relatives or previous employers.

<b>Name</b>		<b>Name</b>	
<b>Position</b>		<b>Position</b>	
<b>Company</b>		<b>Company</b>	
<b>Address</b>		<b>Address</b>	
<b>Email</b>		<b>Email</b>	
<b>Telephone</b>	( )	<b>Telephone</b>	( )

## WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated. If you do not understand any information given or questions asked in this application, please ask for an explanation.

### AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

### CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

### NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the agency's designated health facility.

### NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I will be subject to a background check, and hereby authorize CO-OP to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

### OFFICE OF INSPECTOR GENERAL

I also understand that CO-OP screens potential employees to ensure that these individuals are not excluded from participation in federal healthcare programs. This screening is done through the Office of Inspector General's List of Excluded Individuals/Entities as well as the General Services Administration's Excluded Parties List.

### MASSACHUSETTS LAW

Under Massachusetts Law, 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.

Massachusetts General Laws c. 151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information (2) requesting genetic information concerning employees, applicants, or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

**Thank you for your interest and for applying to CO-OP!**

**PLEASE SIGN HERE:**

**PRINT NAME:**

**DATE:**

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