

Berkshire County ARC  
395 South Street, Pittsfield, MA 01201  
**APPLICATION OF EMPLOYMENT**



It is the policy of BCARC to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, religion, national origin, genetic information, sex, sexual preference, age, veteran status, Vietnam Era Veteran or being a member of the Reserves or National Guard, or disability. It is unlawful in MA to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

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

Referral Source: Newspaper Website Friend Walk-In Other Employee \_\_\_\_\_  
Name

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_

Are you under 18? ☐ Yes ☐ No

If yes, can you furnish a work permit? ☐ Yes ☐ No

Have you ever applied here before: ☐ Yes ☐ No If yes, when \_\_\_\_\_

Have you ever been employed here before: ☐ Yes ☐ No

If yes, give date(s) and Program \_\_\_\_\_

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

**MANDATORY REQUIREMENTS FOR EMPLOYMENT:**

Please complete the following questions

Are you proficient in reading and writing English? ☐ Yes ☐ No

Do you possess a valid U.S. driver's license? ☐ Yes ☐ No

Will you have a personal insured vehicle available to you (on site) (N/A for Relief Staff)? ☐ Yes ☐ No

Do you possess a High School Diploma or equivalent? ☐ Yes ☐ No

Are you lawfully authorized to work in the United States? ☐ Yes ☐ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: ☐ Day ☐ Evening ☐ Night ☐ Weekends  
Please circle all that apply: (3p-11p, 2p-10p, 4p-12p) (11p-7a, 11p-9a)

☐ Full Time ☐ Part Time ☐ Temporary ☐ Relief ☐ Summer  
(40 hours) (no benefits) (per diem, no benefits)

### EMERGENCY CONTACT

Name	Phone	Relation
------	-------	----------

Do you have any relatives/family members currently employed at Berkshire County Arc? O Yes O No  
If you answered Yes, please list the name of the person and the program they work in:

(F. Name)	(L. Name)	(Program Name)
-----------	-----------	----------------

### ADDITIONAL REFERENCES

Give name and telephone number of three references (i.e. previous employer, former supervisor, community service, professor, teacher, religious leader, etc.) **Do not list former co-worker/colleague, family or friends.**

Name	Phone	Relation
------	-------	----------

Name	Phone	Relation
------	-------	----------

Name	Phone	Relation
------	-------	----------

Indicate what foreign languages you speak, read and/or write, if any.

FLUENTLY

GOOD

FAIR

SPEAK

READ

WRITE

### Employment Experience

Please list all employment, starting with present or most recent employer. Include relevant voluntary and/or part-time work experience.

Employer Name & Address  <hr/> Job Title  <hr/> Supervisor and Title  <hr/> Supervisor Email  <hr/> Phone # (    )  <hr/>	Dates Employed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	From	To			Work Performed      <hr/> Reason for Leaving  <hr/> May we contact?   O Yes   O No
From	To					
Employer Name & Address  <hr/> Job Title  <hr/> Supervisor and Title  <hr/> Supervisor Email  <hr/> Phone # (    )  <hr/>	Dates Employed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	From	To			Work Performed      <hr/> Reason for Leaving  <hr/> May we contact?   O Yes   O No
From	To					
Employer Name & Address  <hr/> Job Title  <hr/> Supervisor and Title  <hr/> Supervisor Email  <hr/> Phone # (    )  <hr/>	Dates Employed <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>	From	To			Work Performed      <hr/> Reason for Leaving  <hr/> May we contact?   O Yes   O No
From	To					

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

---



---

EDUCATION HISTORY					
	Name	City/State	Course/Degree	Graduated	# Of Years Attended
High School				<input type="radio"/> Yes <input type="radio"/> No	
College				<input type="radio"/> Yes <input type="radio"/> No	
Graduate School				<input type="radio"/> Yes <input type="radio"/> No	
Other Training: i.e. CPR, FA, CNA, EMT, MAP (Med Cert.)					

#### APPLICANT/EMPLOYEE RELEASE AND PRIVACY STATEMENT

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 agency/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 my employer or myself. I also understand that this written agreement supersedes any and all oral representations made by agents or representatives of this agency/organization.**

**AGREEMENT:** I certify that the information on this application is true, complete and correct. I thereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denials of employment or discharge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant Name

Applicant Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Please write down your answers to the following questions.**

**NOTE: Do not write "see application" be more specific.**

1. Briefly describe what paid and/or unpaid experience you have had working with persons who are developmentally disabled.

---

---

---

---

---

---

---

---

2. Why do you want to work with those who are disabled?

---

---

---

---

---

---

---

---

Interviewer: \_\_\_\_\_

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

Signature: \_\_\_\_\_



**Fair Credit Reporting Act**  
**NATURE AND SCOPE DISCLOSURE**

This disclosure is made in accordance with Section 606(b) of the Fair Credit Reporting Act, upon receipt of the request made by \_\_\_\_\_ on \_\_\_\_\_

(Applicant's Name)

(Date)

as to the nature and scope of the investigative consumer report prepared by an outside agency for employment purposes.

The sources listed below have been specifically check marked by Berkshire County Arc, Inc.

(Employer)

in requesting an investigative consumer report about \_\_\_\_\_

(Applicant's Name – Print)

- 
- ☒ Criminal Background Check after offer of employment - State of Massachusetts (separate form)
  - ☒ Sexual Offender Registry Information (SORI) check after offer of employment
  - ☒ National Fingerprint Background Check after offer of employment
  - ☒ Employment Verification – Includes dates of employment and job titles
  - ☒ In-depth Employment Verification – Performance related information is gathered through a combination of interviews with previous employers, co-workers, or supervisors. These structured interviews inquire into applicable areas such as work and management style, attendance, interpersonal skills, strengths, and improvement areas, etc.
  - ☒ Personal References
  - ☒ Educational Verification
  - ☒ Professional License or Credential Verification
  - ☒ Disabled Person Protection Commission - State of Massachusetts

**AUTHORIZATION**

By your authorization below, you hereby authorize us to obtain a consumer report and/or investigative report about you in order to consider you for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_