

# GREATER LYNN SENIOR SERVICES, INC.

8 Silsbee Street  
Lynn, MA 01901-1404  
781-599-0110

## APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Please print clearly in ink.

If you need assistance in completing this application, please let us know so that we can discuss a reasonable accommodation.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check the appropriate category and name the source)

- |  |   |
|--|---|
| <input type="checkbox"/> Walk-In _____           | <input type="checkbox"/> School _____                       |
| <input type="checkbox"/> Employee _____          | <input type="checkbox"/> Job Fair _____                     |
| <input type="checkbox"/> Advertisement _____     | <input type="checkbox"/> Staffing Agency _____              |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____    | <input type="checkbox"/> Other _____                        |

If necessary, best time to call you at home is \_\_\_\_\_ AM  
PM

May we contact you at work?.....  Yes  No

If yes, work number and best time to call:  
(\_\_\_\_) \_\_\_\_\_ AM  
PM

If you are under 18 and it is required,  
can you furnish a work permit?.....  Yes  No  
If no, please explain \_\_\_\_\_

Have you submitted an application here before?.....  Yes  No  
If yes, give dates from \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Will you travel if job requires it?.....  Yes  No

Will you work overtime if required?.....  Yes  No  
If no, please explain \_\_\_\_\_

Driver's license number if driving may be required in position for which  
you are applying: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_  
Have you ever been bonded? .....  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Date available for work: / /

What is your desired salary range or hourly rate of pay?  
 \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Per Diem  Temporary

Will you relocate if job requires it?  Yes  No

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information. You may include military service and any verifiable volunteer work.

Employer	Telephone # ( )	Month / Year To Month / Year
Street Address		Dates employed:
Starting job title/final job title		Compensation (Starting)
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Compensation (Final)
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Employer	Telephone # ( )	Month / Year To Month / Year
Street Address		Dates employed:
Starting job title/final job title		Compensation (Starting)
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Compensation (Final)
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Employer	Telephone # ( )	Month / Year To Month / Year
Street Address		Dates employed:
Starting job title/final job title		Compensation (Starting)
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Compensation (Final)
Summarize the type of work performed and job responsibilities		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
 ( )  
 Street Address \_\_\_\_\_  
 Starting job title/final job title \_\_\_\_\_  
 Immediate supervisor and title (for most recent position held) \_\_\_\_\_ May we contact for reference?  
 \_\_\_\_\_  Yes  No  Later  
 Why did you leave? \_\_\_\_\_  
 Summarize the type of work performed and job responsibilities \_\_\_\_\_  
 \_\_\_\_\_

Dates employed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Year To Month Year  
 Compensation (Starting)  
 Hourly  Salary \$ \_\_\_\_\_ per  
 Compensation (Final)  
 Hourly  Salary \$ \_\_\_\_\_ per  
 Commission/Bonus/Other Compensation \$ \_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**REFERENCES**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone Number	Number of Years Known
			( )	
			( )	
			( )	

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with GLSS is true, complete and correct.

I expressly authorize, without reservation, GLSS, its representatives, employees or agents to conduct a background check and to contact and obtain information from all references (personal and professional), 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 hereby release any individual, agent, and GLSS and its agents, servants, and employees, directors, officers and representatives from all claims and liabilities whatever that may arise from disclosure of such information.

I understand that this employer 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.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

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 required me to complete an I-9 Form in this regard.

I also understand that for certain positions I may be subject to a CORI check and may be required to undergo drug testing.

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 any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_