



Greater Lynn Senior Services

8 Silsbee Street Lynn, MA 01901 www.glss.net

We are in receipt of your information regarding employment with Greater Lynn Senior Services, Inc. (GLSS). Should your background and qualifications match the employment opportunity that you seek, we will contact you as soon as possible to begin the interview process. Due to the overwhelming response to our advertisements we will only be able to contact applicants who meet the core requirements for the position(s).

Thank you for your interest in Greater Lynn Senior Services, Inc.

GLSS is an Equal Opportunity/Affirmative Action Employer. Women, minorities, veterans, and people with disabilities are strongly encouraged to apply.

AN EQUAL OPPORTUNITY EMPLOYER



APPLICATION FOR EMPLOYMENT

Greater Lynn Senior Services considers all applicants without regard to race, national origin, gender, age, disability, physical or mental handicap, veteran or national guard status, religion, ancestry, genetic information, sexual orientation, or any other category protected by federal, state or local law. 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 Last First Middle

Address Street City State Zip Code

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

Are you younger than the age of 18? Yes No

Position(s) applied for Date of Application / /

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

- Walk-In School
Employee Job Fair
Advertisement Staffing Agency
Company's Website Government Employment Agency
Other Internet Other

Have you ever worked for GLSS before?
Yes No
If yes, give dates From / /
To / /

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

Date available for work. / /

Will you travel if job requires it? Yes No

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

Do you have any relatives employed at GLSS Yes No
If yes, give name(s) and relationship

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

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

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

Driver's license number if driving may be required in some positions for which your are applying
State Expiration Date

EMPLOYMENT HISTORY

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

<p>Current Employer _____ Telephone # _____ ()</p> <p>Street Address _____</p> <p>Starting job title/final job title _____</p> <p>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</p> <p>Why did you leave? _____</p> <p>Summarize the type of work performed and job responsibilities _____</p>	<p>Dates employed: _____ / _____ / _____ To _____ / _____</p> <p>Starting Salary: _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per</p> <p>Ending Salary: _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per</p> <p>Commission/Bonus/Other Compensation \$ _____</p>
<p>Employer _____ Telephone # _____ ()</p> <p>Street Address _____</p> <p>Starting job title/final job title _____</p> <p>Immediate supervisor and title (for most recent position held) _____</p> <p>Why did you leave? _____</p> <p>Summarize the type of work performed and job responsibilities _____</p>	<p>Dates employed: _____ / _____ / _____ To _____ / _____</p> <p>Starting Salary: _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per</p> <p>Ending Salary: _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per</p> <p>Commission/Bonus/Other Compensation \$ _____</p>
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<p>Employer _____ Telephone # _____ ()</p> <p>Street Address _____</p> <p>Starting job title/final job title _____</p> <p>Immediate supervisor and title (for most recent position held) _____</p> <p>Why did you leave? _____</p> <p>Summarize the type of work performed and job responsibilities _____</p>	<p>Dates employed: _____ / _____ / _____ To _____ / _____</p> <p>Starting Salary: _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per</p> <p>Ending Salary: _____</p> <p><input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per</p> <p>Commission/Bonus/Other Compensation \$ _____</p>

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 professional references who are *not* related to you, preferably direct 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
			()	
			()	
			()	

Massachusetts Lie Detector 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 and civil liability.

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 GLSS 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 GLSS reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice. 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 GLSS 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 GLSS's Executive Director.

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.

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 _____ / _____ / _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION:

Our company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Completion of information below is voluntary.

Applicant Information:

Name: _____ Date _____ Position Applied for _____

Please indicate your ethnicity or race by selecting one option below. If you are Hispanic, please select the Hispanic category. If you are not Hispanic, please select one of the other categories.

Ethnicity / Race

- Hispanic or Latino (all races)*
- Black or African American, not Hispanic or Latino*
- White, not Hispanic or Latino*
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino*
- Asian, not Hispanic or Latino*
- American Indian or Alaska Native, not Hispanic or Latino*
- Two or more Races, not Hispanic or Latino*
- I prefer not to answer.*

What is your gender?

- Female
- Male

Referral Source:

- | | | |
|--|---|---|
| <input type="radio"/> Walk-in | <input type="radio"/> State Employment Office | <input type="radio"/> Private Employment Agency |
| <input type="radio"/> Employee | <input type="radio"/> Relative | <input type="radio"/> School _____ |
| <input type="radio"/> Advertisement-Source _____ | | <input type="radio"/> Other _____ |