



# Valley Collaborative Employment Application

40 Linnell Circle, Billerica, MA 01821 \* 978-528-7800 \* www.valleycollaborative.org

EQUAL OPPORTUNITY EMPLOYER

Valley Collaborative and its affiliates provide equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veterans in accordance with applicable federal, state and local laws. Valley Collaborative complies with applicable state and local laws governing non-discrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

## PERSONAL INFORMATION — Complete all applicable information

Name (Last, First, MI):		Date of application:	
Social Security:			
Position(s) applied for:		How did you hear about us?:	
Are you available to work: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Available hours: _____		Valley Collaborative.org	
		Schoolspring.com	
Salaried desired:	Date Available:	Other	
Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Date Worked/Where?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Require Sponsorship		Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____			
Are you related to anyone currently or previously employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship?			

**EMPLOYMENT HISTORY** — Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information may disqualify you from further consideration. Start with the most recent position.

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Starting Annual Salary:	Final Annual Salary:	May we contact:	Reason for leaving:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: ( ) - EXT: May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Starting Annual Salary:	Final Annual Salary:	May we contact:	Reason for leaving:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: (    )        -        EXT: May we contact: Yes ___ No	

Present or Last Position:	Name of Company:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Starting Annual Salary:	Final Annual Salary:	May we contact:	Reason for leaving:
Name of Supervisor:	Supervisor Title and Department:	Supervisor Phone Number: (    )        -        EXT: May we contact: Yes ___ No	

**EDUCATION INFORMATION**

High School:	City:	St:	Diploma/ GED	General Ed. or Advanced Classes: Years Completed:	
College:	City:	St:	Degree:	Major:	GPA:
				Years Completed:	
College:	City:	St:	Degree:	Major:	GPA:
				Years Completed:	
Graduate School:	City:	St:	Degree:	Major:	GPA:
				Years Completed:	
Other:	City:	St:	Degree:	Major:	GPA:
				Years Completed:	

**ADDITIONAL INFORMATION**

Special Skills and Qualifications: <small>Summarize special job-related skills and qualifications acquired from employment or other experience.</small>		
Professional Licensure or Memberships:	License Number: Expiration Date:	
Rate your computer proficiency:		
MS Word Skills	Beg ____ Intern ____ Advanced ____	Years Utilized: ____
MS Excel Skills	Beg ____ Intern ____ Advanced ____	Years Utilized: ____
MS PowerPoint	Beg ____ Intern ____ Advanced ____	Years Utilized: ____
MS Access	Beg ____ Intern ____ Advanced ____	Years Utilized: ____
<u>List professional, trade, business, or civil activities and offices held</u> <small>You may exclude memberships which may reveal sex, race, religion, national origin, age, or disability or other protected status:</small>		
Define other computer software programs of proficiency?		

***\*PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING \****

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment with Valley Collaborative is at will, for no specified duration and may be terminated by either Valley Collaborative or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Valley Collaborative or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Valley Collaborative except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of Valley Collaborative.

In consideration for employment with Valley Collaborative, if employed, I agree to conform to the rules, regulations, policies and procedures of Valley Collaborative at all times.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood, and agree to the above statements.

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

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

Valley Collaborative and its affiliates are proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protect ed by law.