



Growthways, Inc.

Community Supports for People with Developmental Disabilities
 41 North Pearl Street, Brockton, MA 02301 (508) 941-6505 fax 583-7651

*** The Growthways Central Office is a fragrance-free environment ***

Growthways, Inc. is dedicated to providing quality services where individuals with intellectual disabilities are supported and empowered to be valued, contributing members of their community.

APPLICATION FOR EMPLOYMENT FOR RESIDENTIAL AND COMMUNITY SUPPORTS

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone#: (____) _____ Cell Phone# (____) _____

Email Address: _____ Bestdays/times for us to call you: _____

Emergency contact name: association/relation: _____

Telephone #: (____) _____

Have you ever worked for or applied to Growthways before? _____ If so, when? _____

How did you learn of Growthways? _____ Person who referred you: _____

Interested In:

_____ Program Manager _____ Assistant Manager _____ Community Support Case Manager

_____ Full Time Residential Staff _____ Part Time Residential Staff _____ Relief (On call, As needed)

_____ OTHER: _____

Check the towns that you are able to travel to: _____ Abington _____ Brockton _____ Randolph _____ Rockland

Times that you are available to work: Please use the chart below to indicate the hours that you are available.

If you are available for the whole shift, just put a check mark in the box

Otherwise, put in the box the specific hours that you could work during that shift. For example, can work 7 – 9 am, or 4 – 10 pm.

**NOTE: Daytime hours on weekdays, 9am - 2pm, M-F, are not commonly available.*

	SUN	MON	TUES	WED	THURS	FRI	SAT
EARLY 6a - 9a							
*9a - 2p							
2pm - 10 pm							
Overnight 10pm - 9am							

If currently employed or going to school, please provide your current schedule. Specify time you cannot work and what your other commitments are. To ensure that employees are alert, we need to know if they are coming from working another job.

For office use only: Date appl. RCVD. _____

EDUCATION AND CERTIFICATION: Complete each section that applies to you:

___ High School Graduate ___ GED Name of High School: _____

City/ Town/ Country where you received your diploma or GED: _____ Graduation Year: _____

Trade School/ Certification Program: Name of School & Location : _____

Certification & Area(s) of Study: _____ Graduation Year: _____

College or /University: Name of School & Location : _____

Area(s) of Study: _____ Degree: _____ (Asc-Bch-Mstr-Phd) Year: _____

College /University Name of School & Location : _____

Area(s) of Study: _____ Degree: _____ (Asc-Bch-Mstr-Phd) Year: _____

WORK HISTORY:

WE NEED TO CONFIRM DATES OF EMPLOYMENT WITH YOUR CURRENT AND PREVIOUS EMPLOYERS.

Please provide the phone number of your employer's main office and/or Human Resource department in the sections below.

PLEASE NOTE: Two Supervisors will be contacted for references.

Phone numbers and emails of Supervisors and the HR or main office must be accurate!

CURRENT (or most recent) EMPLOYMENT

Company or Agency Name : _____

Address: _____

HR Dept. and / or Business Phone # & Extension _____

Dates (month(s) and year(s) Employed: _____ # of hours worked weekly: _____

Direct Supervisor's name : _____ CONTACT phone# _____

Supervisor 's-email: _____

Your Job Title: _____

Your Job Responsibilities: _____

Reason for leaving, if applicable: _____

PREVIOUS EMPLOYMENT (List most recent first)

Company or Agency Name : _____

Address: _____

H. R. Dept. and/or Business Phone # & Extension _____

Dates (month(s) and year(s) Employed: _____ to _____ # of hours worked weekly: _____

Direct Supervisor Name and Title : _____ CONTACT #: _____

Supervisor's e-mail _____

Your Job Title: _____

Your Job Responsibilities: _____

Reason for Leaving: _____

PREVIOUS EMPLOYMENT (List most recent first):

Company/Agency Name: _____

Address: _____

Main Business Phone #: _____ H. R. Dept. Phone # & Extension _____

Dates (month(s) and year(s) Employed: _____ to _____ # of hours worked weekly: _____

Direct Supervisor's Name _____ CONTACT # _____

Supervisor's e-mail: _____

Your job title: _____

Your job responsibilities: _____

Reason for Leaving: _____

LIST ANY SITUATIONS IN WHICH YOU WERE FIRED OR QUIT:

Describe any job situations which resulted in your being fired, or where you quit knowing you were going to be fired. (If this does not apply to you, please write "N/A").

Please check if you have current certification in:

First Aid CPR Med Administration (MAP) Physical Intervention Positive Behavioral Supports

OPTIONAL INFORMATION:

Growthways, Inc. is an equal opportunity employer. Applicants will be considered without regard to race, creed, color, sex, age, national origin, handicap, or veteran status. However, the Commonwealth of Massachusetts requests us to collect statistics on our application process. Therefore, we request this information, but you do not have to fill this out if you prefer not to.

Please circle: : Male Female

Racial Group: White Black Hispanic Asian Native American Bi-Racial Other (Pacific Islands, etc.)

Handicap or Disability: _____

Disability Accommodation Requested: _____

DO YOU HAVE A TEMPORARY OR ON-GOING PHYSICAL CONDITION THAT COULD AFFECT YOU ON THIS JOB?

For positions involving direct physical care or assistance to others:

The physical demands of such positions typically require that a person be able to do such things as: be on his or her feet for hours at a time, carry bags of groceries, assist with bathing, assist with getting in and out of vehicles, sweep and vacuum, remove snow from walkway and vehicle, and other such activities of daily living. Therefore, applicants for such positions may not have significant physical impairments that restrict their abilities to perform such tasks, nor that interfere with their hearing or sight.

Please read both statements, then put a check next to the one statement that applies.

NO To the best of my knowledge, I have no physical condition that would interfere with the physical requirements described in this application or that could cause harm to me when performing the job.

YES To the best of my knowledge, I do have a physical condition that could interfere with performing the requirements of the job above, or that could result in serious injury or harm due to performing the job above. I require the following changes or adjustments in the job in order to perform the job safely:

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DRIVING RECORD INFORMATION

Name: _____

Do you have your own transportation? _____ Yes _____ No

Driver's License Information:

License Number: _____ State of Issue: _____ Expiration Date: _____

Within the last three years, have you had any traffic violations or accidents? _____ Yes _____ No
If "Yes", explain in Remarks

Have you ever had your license suspended or revoked? _____ Yes _____ No

Have you ever been convicted of:

a. Driving under the influence of drugs or alcohol? _____ Yes _____ No

b. Leaving the scene of an accident? _____ Yes _____ No

c. Reckless driving? _____ Yes _____ No
If "yes", explain in Remarks

Staff often have to use a company vehicle (a minivan) to bring individuals on activities or appointments. Answer these questions about driving one of our vehicles.

Will you drive at night? _____ Yes _____ No
If "no", explain in Remarks

Will you drive on the highway? _____ Yes _____ No
If "no", explain in Remarks

Will you drive in snowy conditions? _____ Yes _____ No
If "no", explain in Remarks

The undersigned understands and agrees that a condition of employment is a safe driving record and a valid driver's license. Failure to maintain either a safe driving record and a valid driver's license may result in the employee's reassignment or dismissal.

Remarks:

Signature

Date

Growthways, Inc.

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Application Release Form **Waiver of Information**

I hereby authorize Growthways, Inc. to investigate my employment history, character, and qualifications, and I give my full and complete consent to all references to reveal any and all information they wish.

In addition, I hereby waive my right to bring any cause of action against any individual who provides a reference, whether for defamation of character, invasion of privacy, or any other cause of action resulting from statements made as part of a reference..

Print Name of Primary Applicant

Signature of Primary Applicant (can be typed, see below)

Date

Phone Number:

(Provided by applicant, for references who want to verify this release by confirming with applicant)

A name typed onto the signature line above will indicate that this application was filled out electronically by the applicant, and that the applicant has in fact granted consent for Growthways, Inc. to receive the information.

If you need to receive additional authenticating information to establish that the person named above has applied for employment with Growthways, Inc., please call and ask to speak with someone in Human Resources, or please contact the applicant directly at the number provided.

Criminal Offender Record Information (CORI)

To protect individuals who receive our services, Growthways, Inc. is certified by the Massachusetts Criminal History Board for access to closed and pending criminal case data from Massachusetts. Any applicant has the right to a dispute process should they feel that information contained in a CORI report is inaccurate. Any applicant has the right to receive a copy of the CORI report obtained by Growthways. We also request a national criminal record check, and those results are received by the state. We are told whether there are any cases that disqualify you from working with the individuals who receive our services, but we do not get the records.

Have you, since your 17th birthday, been convicted of a felony (such as larceny, assault or theft)? Yes No

Have you been convicted of any crime within the five years preceding the date of this application? Yes No

Are there any charges pending against you (felony and/or misdemeanor) ? Yes No

Has a Disabled Person's (DPPC) abuse/neglect claim ever been substantiated against you? Yes No

Has a children's (DSS 51-A) abuse or neglect claim ever been substantiated against you? Yes No

Have you lived in any other states outside of Massachusetts in the past 10 years: Yes No
If Yes, Complete the following information:

Prior Address 1 : _____
Street City /Town State Zip Code

Prior Address 2 : _____
Street City /Town State Zip Code

Applicant Certification:

I understand that at the point of hire, and periodically thereafter, a record check will be conducted for conviction and pending criminal information only and that it will not necessarily disqualify me.

I certify that the information I have provided above is correct to the best of my knowledge.

Applicant/ Employee Signature (can be typed)

Date

For office use only:

Initials of HR staff verifying information above with actual ID documents before entering CORI data

Initials of HR Staff who did final match of the received CORI report to the ID information on file