



NEWTON-WELLESLEY-WESTON COMMITTEE FOR COMMUNITY LIVING, INC.
1301 Centre Street- Newton, MA 02459 Phone 617-964-6860- FAX 617-630-9132

Employment Application

PERSONAL INFORMATION

First Name: _____ Last: _____ Middle: _____

(Street Address) (City) (State) (Zip Code)

Telephone #: _____ Cell Phone #: _____ Email: _____

Are you 18 years old or over? _____

Note: All applicants' employment eligibility will be verified through the U.S. Dept. of Homeland Security.

How did you hear about the NWW Committee? _____

Have you ever applied here before? _____ If yes, when did you apply? _____

What prompted your application to NWW? _____

Do you have a relative currently working at NWW? _____ If yes, name of relative _____

EDUCATION

Have you graduated from an accredited high school? _____ Yes _____ No

Name of high school _____

Have you graduated from a college or university? _____ Yes _____ No

Name of college/university: _____ Degree Earned: _____

EMPLOYMENT HISTORY- List below your three last employers **OR** submit a resume and 3 professional references.

Present or Most Recent Employer: _____

Position Held: _____ Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone number: _____

May we contact this person? _____ Yes _____ No

Next to Last Employer: _____

Position Held: _____ Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone number: _____

May we contact this person? _____ Yes _____ No

Third Employer: _____

Position Held: _____ Start Date: _____ End Date: _____

Supervisor's Name: _____ Phone number: _____

May we contact this person? Yes No

Additional References: We require a total of at least 2 professional or educational references. If we are unable to contact any of the supervisors above, please list below additional references we may contact.

Name: _____ Phone: _____ Relationship: _____

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AVAILABILITY FOR WORK

Are you looking for full or part time work? _____

Date you are available to begin working: _____

Days and/or times you are UNABLE to work:

Training and Certification

Are you MAP certified? If so, expiration date _____

First Aid certified? If so, expiration date _____

CPR certified? If so, expiration date _____

Other applicable certifications? _____

Are you authorized to work in the U.S.? Yes No

Has a DPPC or DDS Investigation ever been substantiated against you? Yes No

Have you ever been convicted of a felony? Yes No

* For the Question below you are not required to furnish information for:

1. any offense committed prior to your seventeenth (17) birthday, unless such offense was bound over for trial in Superior Court;
2. a first misdemeanor conviction for drunkenness, simple assault, speeding, or traffic violation, affray, or disturbance of the peace;
3. a misdemeanor conviction which occurred more than five (5) years ago unless you have been convicted of any offense within the last five (5) years;
4. a misdemeanor conviction which resulted in a period of incarceration which ended more than five (5) years ago unless you have been convicted of any offense within the last five (5) years.

Have you ever been convicted of any other offense against the law*? Yes No

Explain: _____

Name of Court: _____ Date of court offense: _____

Disposition of Charge: _____

CERTIFICATION

I certify that all the information I have supplied in this application for employment is true, complete and accurate to the best of my knowledge.

Signature: _____ Date: _____