



# Employment & Volunteer Application

Highland Valley  
ELDER SERVICES

320 Riverside Drive, Suite B, Florence, MA 01062-2700

Telephone: (413) 586-2000 Fax: (413) 584-7076

Info@highlandvalley.org

Please check the position you are applying for:

- |                                                                             |                                                     |
|-----------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Ombudsman Volunteer                                | <input type="checkbox"/> Money Management Volunteer |
| <input type="checkbox"/> Internship                                         | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Home Delivered Meals Driver - indicate site: _____ |                                                     |

Please Print Clearly

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Other Phone Number)
5. Best Time to Reach You? \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Former Addresses (if changed in the past 10 years):  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_
8. Are you currently employed?  Yes  No If yes, may we contact your present employer:  Yes  No
9. Have you ever applied to work and/or volunteer for this company before?  Yes  No  
 If yes, when? \_\_\_/\_\_\_/\_\_\_
10. Are you currently authorized to work in the United States?  Yes  No  
*If an employment offer is extended, you will be required to provide documentation verifying your continuing eligibility to work in the United States as a condition of employment.*
11. Are you 18 years of age or older?  Yes  No

## Education

12. Highest level of education:  High School  College/Other Post High School  
 Vocational School  Advanced Degree  
 Other \_\_\_\_\_
13. Did you graduate high school?  Yes  No  
 If you did not complete high school, do you have a GED?  Yes  No

14. Educational Data

<i>School</i>	<i>Location</i>	<i>Years Completed</i>	<i>Major</i>	<i>Degree</i>

**Experience:**

15. Work and Volunteer Experience

*Starting with your present job or most recent job, list all paid and volunteer positions held during the last ten (10) years. Please list additional employers or volunteer service on the back of this application or on a separate sheet of paper if you need more room. A resume may not be substituted, but may be included as a supplement. You need not include organizational names of volunteer experience that would indicate possible membership in a legally protected classification such as, but not limited to, race, color, religion, national origin, age, military status, sexual orientation, disability, or gender.*

Company \_\_\_\_\_ Location \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Location \_\_\_\_\_  
Name of Immediate Supervisor \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

16. Military and/or National Guard Experience

*List your military or National Guard experience, starting with your most recent enrollment. Please use list additional employers or volunteer service on the back of this application or on a separate sheet of paper if you need more room. A resume may not be substituted, but may be included as a supplement.*

Dates (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank at time of discharge: \_\_\_\_\_

Duties: \_\_\_\_\_

17. We constantly strive to blend our program with local programs. Are there any special things you are working on in your community? *You need not include organizational names of volunteer experience that would indicate possible membership in a legally protected classification such as, but not limited to, race, color, religion, national origin, age, military status, sexual orientation, disability, or gender.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. What do you hope to gain from your experience with Highland Valley? Why do you want to do this type of work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. How did you hear about this position? \_\_\_\_\_

20. Do you speak any foreign languages other than English?  Yes  No  
Please specify: \_\_\_\_\_

21. What Days/Hours are you available to work?  
 No Preference  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

I am seeking work:  Full Time  Part Time  Full or Part Time  Volunteer

How many hours can you work weekly? \_\_\_\_\_ Date Available: \_\_\_\_\_

22. Do you have a valid driver's license?  Yes  No If yes, in which state? \_\_\_\_\_

Do you own your own car?  Yes  No Do you have auto insurance?  Yes  No

If no, do you have transportation available to you?  Yes  No

23. Please list the names and addresses of three (3) professional references. A phone call will be made or a reference letter will be sent only if you are considered for a position.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Home)

(Work)

(Mobile)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Home)

(Work)

(Mobile)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Home)

(Work)

(Mobile)

24. In case of an emergency, please contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

25. Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

### **DISCLAIMERS**

*Massachusetts General Laws c.151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants, or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.*

*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.*

Certification for Job Applicants:

I understand that my references may be contacted and that some positions require a CORI check.  
I certify that the information contained in this application is accurate to the best of my knowledge.  
I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.  
I understand that this information will be held in confidence and not released to any other agency or person outside Highland Valley Elder Services.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, volunteer, education and other qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of Highland Valley, which rules may be changed, withdrawn, added or interpreted at any time at Highland Valley's sole option and without prior notice to me.

I also acknowledge that should I be hired as a non-union represented employee, my employment may be terminated, or any offer or acceptance of employment withdrawn at any time, with or without cause, and with or without prior notice at the option of Highland Valley Elder Services or myself. I also acknowledge that should I be hired as a union represented employee that the terms and conditions of my employment will be governed by the applicable collective bargaining agreement covering all employees in my job classification.

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



Certification for Volunteers:

Highland Valley  
ELDER SERVICES

I understand that my references may be contacted and that some positions require a CORI check. I certify that the information contained in this application is accurate to the best of my knowledge. I understand that to falsify information is grounds for refusing to permit me to volunteer or to remove me as a volunteer and that High Valley Elder Services reserves the right to determine who will be approved as a volunteer. I also understand that while Highland Valley may choose to cover costs associated with travel, meals and lodging during my time as a volunteer, it is not required to do so and that I will not be compensated for my time and that, by signing this certification, I do not expect to be compensated for my time should I be accepted as a volunteer. I understand that I am not obligated, if called upon, to participate in any volunteer activity. While acting as a volunteer, I am expected to abide by the organization's code of professional conduct, always modeling the highest professional standards.

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

## *Volunteer Addendum to Employment Application*

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

I am interested in the following volunteer programs:

- |                                         |                                           |                                      |                                    |
|-----------------------------------------|-------------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Benefits       | <input type="checkbox"/> Money Management | <input type="checkbox"/> Nutrition   | <input type="checkbox"/> Ombudsman |
| <input type="checkbox"/> General Office | <input type="checkbox"/> Neighbors        | <input type="checkbox"/> Other _____ |                                    |

- |                                                          |                              |                             |
|----------------------------------------------------------|------------------------------|-----------------------------|
| I am willing to volunteer in a consumer's private home:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to volunteer with a special needs consumer: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to volunteer in a home with a smoker:       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to volunteer in a home with a dog:          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I am willing to volunteer in a home with a cat:          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Volunteers are asked to make a renewable one-year commitment. Barring unexpected emergencies, are you willing and able to commit to the full one-year term of this program?  Yes  No

If no, what is your expected length of commitment? \_\_\_\_\_

If applicable: Job Coach Name \_\_\_\_\_ Job Coach Agency \_\_\_\_\_

Towns where you are willing to work:

All of these towns

- |                                       |                                      |                                       |                                     |                                      |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Blandford    | <input type="checkbox"/> Chester     | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Cummington | <input type="checkbox"/> Easthampton |
| <input type="checkbox"/> Florence     | <input type="checkbox"/> Goshen      | <input type="checkbox"/> Hadley       | <input type="checkbox"/> Hatfield   | <input type="checkbox"/> Haydenville |
| <input type="checkbox"/> Huntington   | <input type="checkbox"/> Leeds       | <input type="checkbox"/> Middlefield  | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Northampton |
| <input type="checkbox"/> Plainfield   | <input type="checkbox"/> Russell     | <input type="checkbox"/> Southampton  | <input type="checkbox"/> Westfield  | <input type="checkbox"/> Westhampton |
| <input type="checkbox"/> Williamsburg | <input type="checkbox"/> Worthington | <input type="checkbox"/> Amherst      | <input type="checkbox"/> Pelham     | <input type="checkbox"/> Southwick   |