



APPLICATION FOR EMPLOYMENT*

APPLICANT INFORMATION

Last Name	First Name	Middle ()	Date
Street Address		Home Telephone	
City	State	Zip	Email Address
Maiden Name		Social Security Number	

Have you ever applied for employment with us? yes no If yes, _____
Month/Year Location

Position(s) applying for _____ Pay Expected _____

EMPLOYMENT POSITIONS

Are you available for full-time work? yes no If not what hours can you work? _____

Will you work overtime if asked? yes no

When will you be available to begin work? _____

Are you legally eligible for employment in the United States? yes no

EDUCATION High School	EDUCATION College
Name of School: _____	Name of School: _____
School Address: _____	School Address: _____
Number of years completed: _____	Number of years completed: _____
Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no
Degree/Diploma earned: _____	Degree/Diploma earned: _____

**New England Homes for the Deaf is an equal opportunity employer This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization*

154-160 Water Street, Danvers, MA 01923

Graduate

Name of School: _____

School Address: _____

Number of years completed: _____

Did you graduate? yes no

Degree/Diploma earned: _____

Business/Trade/Technical

Name of School: _____

School Address: _____

Number of years completed: _____

Did you graduate? yes no

Degree/Diploma earned: _____

MILITARYDid you serve in the U.S. Armed Forces? yes no If yes, what branch? _____

Describe any training received relevant to the position for which you are applying: _____

OTHER

Other special training or skills (language, machine operation, etc.) _____

MEMBERSHIPS

Membership in professional or civic organizations, excluding those which disclose your race, color, religion or national origin. _____

EMPLOYMENT

Please describe past and present employment positions, dating back ten years.

Are you currently employed? yes noIf you are currently employed, may we contact your current employer? yes no

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, State, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

EMPLOYMENT

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, State, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

EMPLOYMENT

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, State, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

EMPLOYMENT

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, State, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

REFERENCES

List below, three persons who have knowledge of your work performance within the last five years.

Name - First, Last: _____

Telephone Number: _____

Address: _____ City, state, zip: _____

Occupation: _____ Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____ City, state, zip: _____

Occupation: _____ Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____ City, state, zip: _____

Occupation: _____ Number of Years Acquainted: _____

Please Read, then Sign Below

The information provided in the application for employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Applicants Signature: _____ Date: _____

INTERNAL USE ONLY REFERENCE CHECK

Employer: _____ Person Contacted: _____

Results: _____

Employer: _____ Person Contacted: _____

Results: _____

INTERVIEWER'S COMMENTS

Interviewer's Name: _____

Comments: _____



CORI REQUEST FORM

New England Homes for the Deaf has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant, employee, or volunteer (circle which), I understand that a criminal record check will be conducted. The results will not automatically disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee/Volunteer Signature

Date

Supervisor in charge of hiring: _____

Applicant/Employee/Volunteer Information (Please Print Clearly)

*Last Name

* First Name

Middle Name

*Social Security Number: _____ - _____ - _____

Maiden Name or Alias (if applicable)

Place of Birth:

*Date of Birth: _____ - _____ - _____

Father's Name

Mother's full name (*including maiden name*):

Former and Current Addresses:

Sex: _____ Height: _____ FT _____ INS. Weight: _____ Eye Color: _____

State Driver's License Number:

***The above information was verified by reviewing the following form of government issued photographic identification: _____

Requested By:

Signature of CORI Authorized Administrator

*(Indicates information that **must** be filled in to file the CORI.)

NURSE AIDE REGISTRY CHECK

Have you worked as a CNA or Nurse in another state ___ yes ___ no. If so, what state? _____

Results: _____ Date: _____ Conducted By: _____

Revised: 2/2018



OIG, NSOR Check and Release Verification Form

Date: _____

Name: _____

Address: _____

Social Security Number: _____

Signature of Applicant: _____

NEHD use only – do not write below this line.

Search Results

No Results Found

Record Found

Signature of person completing search: _____

Date: _____

The OIG Exclusions database and National Sex Offender Registry are searched prior to acceptance of any application or execution of contract. File the completed form in applicant's file or with an executed contract.

Updated June 8, 2023