



# Better Community Living, Inc.

5 Ventura Drive, Dartmouth, MA 02747  
Telephone: 508-999-4300 Fax: 508-999-5290

## Application for Employment

**Better Community Living, Inc.** is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, handicap or veteran status.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

How were you referred to us?  Newspaper Ad  Walk-In  Agency  Internet  School  Employee  Other

Name of referral source: \_\_\_\_\_

Employment Position Desired \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Are you related to anyone currently working for Better Community Living, Inc.?  Yes  No  
Name of relative \_\_\_\_\_ Job location: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact of your present employer?  Yes  No

Do you have commitments to other employers which might affect your employment with us?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.*  Yes  No

Are you over 21 years of age?  Yes  No

Do you have a valid driver's license?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you available to work (check all that apply):  Full Time  Part Time  As Needed  Temporary

How many hours per week can you work:  <20  20 – 29  30 – 34  35 – 40

What shifts can you work?  First  Second  Overnight Awake  Overnight Asleep

## EDUCATION

High School Graduate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attended College:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subjects studied:	_____		
Attended Trade, Business or Correspondence School:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduated:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years Attended _____	Subjects studied: _____		
Are you now or have you ever been employed by the Commonwealth of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EMPLOYMENT HISTORY

<b>Employer</b>	<b>Dates Employed</b> From                  To		<b>Your Job Title</b>
<b>Address</b>			<b>Work Performed</b>
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b> Starting                  Final		
<b>Immediate Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer</b>	<b>Dates Employed</b> From                  To		<b>Your Job Title</b>
<b>Address</b>			<b>Work Performed</b>
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b> Starting                  Final		
<b>Immediate Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer</b>	<b>Dates Employed</b> From                  To		<b>Your Job Title</b>
<b>Address</b>			<b>Work Performed</b>
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b> Starting                  Final		
<b>Immediate Supervisor</b>			
<b>Reason for Leaving</b>			
<b>Employer</b>	<b>Dates Employed</b> From                  To		<b>Your Job Title</b>
<b>Address</b>			<b>Work Performed</b>
<b>Telephone Number</b>	<b>Hourly Rate/Salary</b> Starting                  Final		
<b>Immediate Supervisor</b>			
<b>Reason for Leaving</b>			

**References:**

List three (3) persons, whom you have known for at least one (1) year, who are not related to you and who may provide a personal reference for you.

Name	Address	Telephone	Years Acquainted With
		( )	
		( )	
		( )	

**Agreement: (Please read the following statements carefully.)**

I certify that all information on this application and any other material provided by me are true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize **Better Community Living, Inc.** or its agent to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and **Better Community Living, Inc.** and its agents from all liability which may flow from the release of such information.

I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that **Better Community Living, Inc.** will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified for members of the bargaining unit SEIU Local 509. I further acknowledge that I am expected to abide by all agency rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the agency or otherwise restrict the right of either party to terminate the employment relationship.

**I understand that condition of employment includes approval of DPPC review, CORI background check and satisfactory completion of drug screening.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



***Better Community Living, Inc.***  
**Affirmative Action Policy**  
**Statement of Policy**

***Better Community Living, Inc.*** is an Affirmative Action/Equal Opportunity Employer and committed to:

- Promote cultural diversity;
- Ensure equal opportunity for all those currently employed or for those seeking employment; and
- Remedy any past employment practices which have resulted, whether intentionally or not, in discriminatory treatment based on minority classification (race, color, or national origin), sex, age (over forty), sexual orientation, marital status, religion, disability, or Vietnam era Veteran status.

***Better Community Living, Inc.*** will ensure that no person shall, on these grounds, be excluded from participation in, denied benefits of, or otherwise be subject to discrimination in any employment practices, including but not limited to, recruitment, hiring, transfer, promotions, training, compensation, benefits, discipline and terminations.


***Better Community Living, Inc.*** will attempt to achieve and maintain a diverse workforce. These steps may include, but are not limited to, the following:

- Pursuing our Affirmative Action program along with regular review;
- Ensuring that this agency's policy regarding equal employment opportunity is communicated to all staff;
- Ensuring that hiring, promotion, and salary administration practices are fair and consistent with the policy;
- Reporting to the Board of Directors any actions or efforts to implement the policy;
- Pursuing actions to remedy any problem areas, where there may be identified underutilization.

***Better Community Living, Inc.*** shall strive to purchase goods and services from agencies and companies which have exhibited an established policy and practice of nondiscrimination in employment or in provision of services, and partner with certified SOMWBA businesses whenever possible. Partnerships shall be reviewed regularly for compliance with this policy.

All employees are hired with the skills required for their positions. Employees should not feel burdened because their hiring, promotion, or other conditions of employment are consistent with ***Better Community Living, Inc.*** Affirmative Action efforts. Supervisors will work with their employees to ensure that they understand this, and act accordingly. ***Better Community Living, Inc.*** will offer training to assist supervisors in their efforts.

***Better Community Living, Inc.*** will implement, monitor and enforce this policy in conjunction with applicable federal and state laws, regulations, and executive orders. I expect each manager to aid in the implantation of this program and be accountable for complying with the objectives of this Affirmative Action Plan.

  
Executive Director

3/23/09  
Date

  
Affirmative Action Officer

3/23/09  
Date

**\*\*I HAVE READ AND FULLY UNDERSTAND  
THE AFFIRMATIVE ACTION POLICY OF  
BETTER COMMUNITLY LIVING, INC.\*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



*Better Community Living, Inc.* is an Equal Opportunity Employer.

As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

**Section 1: General Applicant Information**

<b>Name</b>	<b>Date</b>
	____/____/____
<b>Position applied for</b>	

**Section 2: Please check (4) all that apply (See reverse for definitions)**

<b>Race or Ethnic Identity</b>	<b>Gender</b>	<b>**Veteran Status</b>	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran	
		<b>**Other</b>	
		<input type="checkbox"/> Individual with Disabilities	
<input type="checkbox"/> I do not wish to Self-Identify Signature _____			
<b>How did you hear of our opening?</b>			
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other - Explain Below:			
<b>For Human Resources Use Only:</b>	<b>Requisition #</b>		<b>Job Group</b>

## **EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

**Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

**Individual with Disabilities** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

**Special Disabled Veteran** Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

**Veteran of the Vietnam Era** Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

**Other Eligible Veteran** Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.



## *Better Community Living, Inc.*

So we may evaluate your application properly, please answer all questions carefully and completely in your own handwriting.

The Commonwealth's Executive Office of Health and Human Services (EOHHS) agencies have been authorized to perform Criminal Offender Record Information (CORI) checks on applicants for employment. A computer check with the Board of Probation is required for all candidates applying for positions. The information is requested only for the purpose of verifying the information you will be providing concerning any criminal record you may have. Conviction of a crime may not be an automatic bar to your employment. All circumstances will be considered in making the decision on your application.

I understand that, in order to afford the highest level of service delivery, the Commonwealth seeks to determine that all employees within EOHHS agencies are of the highest integrity. As an applicant for employment, I hereby acknowledge that if I am selected for employment, the Commonwealth will review:

- Criminal Offender Record Information (C.O.R.I.) and;
- The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L., Chapter 119, Section 51B (for Department of Social Services, Department of Youth Services, and Office for Children applicants only).

The following spaces may be used to provide the Commonwealth with any information which you may feel could assist us in processing the results of the C.O.R.I. and Central Registry reviews.

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Signature

Today's Date

I do not wish to be considered for employment because I do not want CORI to be conducted.



# Better Community Living, Inc.

BETCL  
EEOHHS

## CORI REQUEST FORM

Better Community Living, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested, not required)

\_\_\_\_\_  
ID Theft Index PIN \*  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
  
\_\_\_\_\_

-----  
**DO NOT WRITE BELOW THIS LINE OFFICE USE ONLY**

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. 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 EMPLOYEE

\*The CHSB Identity Theft PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted the the CHSM via mail or by fax to 617-660-4614.**

**MOTOR VEHICLE DRIVING RECORD REQUEST FORM**

**DRIVER'S NAME:** \_\_\_\_\_  
*LAST FIRST MI*

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Driver's License Number:** \_\_\_\_\_      **State:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The undersigned hereby authorizes any State Department of Motor Vehicles to release any and all information pertaining to my driving record to the above Company.*

**Driver's Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_



The Commonwealth of Massachusetts  
Disabled Persons Protection Commission

50 Ross Way • Quincy • Massachusetts • 02169  
(617) 727-6465 V/TTY • (800) 245-0062 V/TTY • FAX: (617) 727-6469

RELEASE OF INFORMATION

I, \_\_\_\_\_  
FIRST MIDDLE LAST  
Print Full Name of Prospective Employee

Of \_\_\_\_\_  
Print Residence Address

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

hereby knowingly and willingly authorize the Disabled persons Protection Commission, 50 Ross Way, Quincy, Massachusetts, to release the following information and/or record(s) regarding me which is in the possession of said Commission to:

\_\_\_\_\_  
Print name of person to receive the records  
\_\_\_\_\_  
Print address of party to receive the records Better Community Living, Inc.  
5 Ventura Drive, Dartmouth, MA  
\_\_\_\_\_  
Telephone number of party to receive the records  
508-999-4300

ANY AND ALL RECORDS REGARDING MY INVOLVEMENT AS AN ALLEGED ABUSER IN A CASE REPORTED TO THE COMMISSION PURSUANT TO M.G.L.c. 19C

I understand that my record contains information about my identity and personal and confidential information.

I understand that such records and/or information will be used in evaluating my application for employment by:

\_\_\_\_\_  
Print name of prospective employer

\_\_\_\_\_  
Signature of Prospective Employee Date of Signature

This form should be forwarded to:  
General Counsel, DPPC, 50 Ross Way, Quincy, MA 02169

- PLEASE LIST ON THE REVERSE SIDE:
1. All home addresses for the last 8 years, if different from that given above.
  2. All previous employers for the last 8 years.
  3. Other names (i.e. maiden name, alias or from a previous marriage) you have used in securing employment.





# Better Community Living, Inc.

**Applicant Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Reference Title:** \_\_\_\_\_

**Reference Phone:** \_\_\_\_\_

**Reference FAX:** \_\_\_\_\_

Relationship to Applicant:       Supervisor or  Other \_\_\_\_\_

Dates of Employment:    From \_\_\_\_\_ TO \_\_\_\_\_

What was the nature of the job?

What were his/her strong points?

What were his/her weak points?

**Please rank the candidate based on the following areas:**

Responds to Supervision              Poor    Fair    Good    Very Good    Excellent

Attendance                              Poor    Fair    Good    Very Good    Excellent

Dependability                          Poor    Fair    Good    Very Good    Excellent

Assumes responsibility              Poor    Fair    Good    Very Good    Excellent

Ability to follow instructions        Poor    Fair    Good    Very Good    Excellent

Quality of Work                        Poor    Fair    Good    Very Good    Excellent

Quantity of Work                      Poor    Fair    Good    Very Good    Excellent

Why did he/she leave?

If given the opportunity, would you rehire?       Yes                       No

**OFFICE USE ONLY**

**Date of Check:** \_\_\_\_\_

**Person Checking Reference:** \_\_\_\_\_



# Better Community Living, Inc.

**Applicant Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_

**Reference Title:** \_\_\_\_\_

**Reference Phone:** \_\_\_\_\_

**Reference FAX:** \_\_\_\_\_

Relationship to Applicant:       Supervisor or  Other \_\_\_\_\_

Dates of Employment:    From \_\_\_\_\_ TO \_\_\_\_\_

What was the nature of the job?

What were his/her strong points?

What were his/her weak points?

**Please rank the candidate based on the following areas:**

Responds to Supervision              Poor    Fair    Good    Very Good    Excellent

Attendance                              Poor    Fair    Good    Very Good    Excellent

Dependability                          Poor    Fair    Good    Very Good    Excellent

Assumes responsibility              Poor    Fair    Good    Very Good    Excellent

Ability to follow instructions        Poor    Fair    Good    Very Good    Excellent

Quality of Work                        Poor    Fair    Good    Very Good    Excellent

Quantity of Work                        Poor    Fair    Good    Very Good    Excellent

Why did he/she leave?

If given the opportunity, would you rehire?               Yes                       No

**OFFICE USE ONLY**

**Date of Check:** \_\_\_\_\_

**Person Checking Reference:** \_\_\_\_\_