

Better Community Living, Inc,

384 County Street
New Bedford, MA 02740

Tel. (508) 999-4300
Fax (508) 999-5290

Application for Employment Del's Lemonade

Name: _____

Present Address: _____ City: _____ Zip: _____

Home Phone #: _____

Emergency Contact: _____

Name	Address	Telephone #
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If you are related to anyone in our employ, please state name and job location:

Employment Position Desired: _____

Are you able to do this job? ___ Yes ___ No

Are you employed now? ___ Yes ___ No

If yes, may we have your written permission, signified by your signature below, to obtain professional information about you from your current, as well as previous employers, listed on this application?

Applicant's Signature

Current Employer: _____ Years worked there? _____ Salary: _____

Address _____ City _____ Zip _____ Phone _____

Position _____ contact _____ Phone _____

High school Grad ___ yes ___ no Attend college ___ yes ___ no Grad? _____ # years _____

Attend Trade, Business, or Correspondence School ___ yes ___ no Grad? _____ # years _____

Subjects studied _____

Are you now or have you ever been an employee of the Commonwealth of Massachusetts?

___ Yes ___ No

PREVIOUS EMPLOYERS:

<u>Dates</u> <u>Month/year</u>	<u>Name & Address</u> <u>of employer</u>	<u>Telephone #</u>	<u>Position</u>
<u>From:</u>			
<u>To:</u>			
<u>From:</u>			
<u>To:</u>			
<u>From:</u>			
<u>To:</u>			
<u>From:</u>			
<u>To:</u>			

REFERENCES: Give below the names of three (3) persons not related to you, whom you have known at least one (1) year who will provide a reference for you.

I give with my signature below, permission for Better Community Living, Inc. to obtain information about me from my references listed here.

Applicant's signature

<u>Name:</u>	<u>Address</u>	<u>Telephone #</u>	<u>Years Acquainted</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal whenever discovered. Further, I understand and agree that my employment is on an at-will basis, for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time by me or Better Community Living, Inc. without any previous notice.

I have read the above statement and understand what it says and means.

Applicant's signature

Date



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:

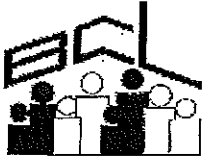
- Criminal Offender Record Information (C.O.R.I.) and;
- The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L., Chapter 119, Section 51B (for Department of Social Services, Department of Youth Services, and Office for Children applicants only).

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.

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
EOHHS

C O R I 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 _____, 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 me. 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 but not Required)	_____ Mother's Maiden Name

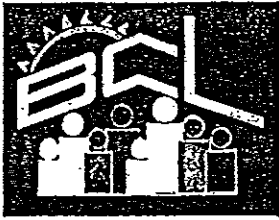
FORMER
ADDRESSES: _____

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



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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 above Company.

Driver's Signature: _____ Date: _____