**Berkshire Community Action Council, Inc.**

 **Employment Application**

**Human Resources**

**1531 East Street, Pittsfield MA 01201**

**Phone: 413-445-4503 Fax: 413-447-7871**

**An Equal Opportunity/Affirmative Action Employer**

Start typing below this line:

Berkshire Community Action Council, Inc. is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact Berkshire Community Action Council Inc. Human Resources Department.

A fully completed application is required for each position applied for, “see resume” is not acceptable.

 ***I. Contact Information.***

Name Date

Address # and Street City and State Zip Code

Telephone

 ***II. Position Applying For (Please specify position number, position title or job category).***

How did you hear about the position?

Have you ever been employed by Berkshire Community Action Council, Inc.? When? What department?

 ***III. Education.***

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Name, Address, City, State** | **Years Attended** | **Degree** |
| High School |  |  |  |
| College |  |  |  |
| Graduate School |  |  |  |
| Trade, Business, Night Courses |  |  |  |
| Military Service,Other Training |  |  |  |

 ***IV. Licenses (Please list all licenses you possess that are relative to the position you seek).*** A valid license is a condition of employment, where required.

Do you have a valid driver’s license (Class D Auto)? ✓Yes \_\_\_\_\_ ✓No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid CDL license (Class A or B)? ✓Yes \_\_\_\_\_ ✓No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid Hydraulic license? ✓Yes \_\_\_\_\_ ✓No \_\_\_\_\_ If yes, enter expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other valid licenses or certifications do you possess (job related)?

|  |  |  |
| --- | --- | --- |
|  ***V. Office Skills (If applicable).*** | Check the column that you feel best describes your knowledge: |  |
|  | ✓Beginner | ✓Intermediate Level | ✓Advanced Level |
| Knowledge of Word Processing |  |  |  |
| Knowledge of Spreadsheets |  |  |  |
| Knowledge of Databases |  |  |  |
| Automated Accounting System Knowledge |  |  |  |
| Bookkeeping Knowledge |  |  |  |
| Transcription Ability |  |  |  |
| Shorthand/Speedwriting Ability |  |  |  |

 ***VI. Special Skills.***

Please list any other skills or abilities you feel are relevant:

 ***VII. Employment History.*** {please do not write “see resume”}

Please account for the last 4 positions you have held. Start with your **present or last employer**. You may include military service and any verifiable work performed as an intern or volunteer. **You ( ) may ( ) may not contact my present employer.**

|  |  |
| --- | --- |
| Employer | Address |
| Telephone | Title |
| Supervisor | Dates Worked |
| Salary Received | Reason for Leaving |

Description of Primary duties:

|  |  |
| --- | --- |
| Employer | Address |
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Description of Primary duties:

# VIII. Business References: {a minimum of 3 references is required.}

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Relationship |
| Name | Address | Phone | Relationship |
| Name | Address | Phone | Relationship |
| Name | Address | Phone | Relationship |

 ***X. Employment of Minors.***

Berkshire Community Action Council, Inc. is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age:

 ***XI. Medical Information.***

All offers of employment are conditional upon the satisfactory completion of a Health Questionnaire and conditional upon a physical examination, where required. Satisfactory fitness to perform the essential duties of the position is a condition of employment.

 ***XII. Pre-Employment Drug Testing.***

All offers of employment are conditional upon the satisfactory completion of a pre-employment drug test, where required. Satisfactory completion of a required drug or alcohol test is a condition of employment as outlined in the Drug and Alcohol Policy of Berkshire Community Action Council, Inc.

***XIII. Lie Detector Test.***

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.

 ***XIV. Signature.***

CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

A. I understand that acceptance of this application by Berkshire Community Action Council, Inc. does not imply that I will be employed. (Exceptions to A is an employee filling out this application for promotional purposes only.)

B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.

1. I understand that any offer of employment that I receive from Berkshire Community Action Council, Inc. is contingent upon my successful completion of the pre-employment screening process including but not limited to Berkshire Community Action Council, Inc. receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry if required, satisfactory verification of driver’s license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

D. In processing my application for employment, Berkshire Community Action Council, Inc. may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

E. I authorize Berkshire Community Action Council, Inc. to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

F. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

G. If employed by Berkshire Community Action Council, Inc., I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that Berkshire Community Action Council, Inc. will request a Criminal Offense Record Inquiry (CORI check) and a Sexual Offender Record Inquiry (SORI) on me, investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers comp and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

H. I understand that Berkshire Community Action Council, Inc. is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time.

My Signature Certifies That I Have Read And Agree With The Above Statements And All Statements Contained In This Application For Employment.

Applicant Name (Please Print)

Applicant Signature Date

**BERKSHIRE COMMUNITY ACTION COUNCIL, INC. - HUMAN RESOURCES**

**APPLICANT PROFILE**

***OPTIONAL INFORMATION***

Please complete this information for our records and required reporting. Please submit form with your completed application. Thank you.

**PLEASE PRINT**

Applicant Name:

 *last first middle initial*

Applicant Address:

 *P.O. Box, street, town, state & zip code*

Position applying for:

Sex: M F

Race Selection

*Please circle one of the following:*

1. White: (not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

2. Black: (not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.

3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

4. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

5. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

6. Cape Verdean: All persons who are descendants of anyone born in the Cape Verde Islands

7. Unknown