**Employment Application**

**Turning Point, Inc., 5 Perry Way, Newburyport, MA 01950**

**Main Phone: 978-462-8251; Fax: 978-499-2775**

**APPLICANT – PLEASE READ**

**This is a 3-page application. Be sure you have fully completed each section.**

**Incomplete information may result in a delay in response**

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| **APPLICANT INFORMATION** |
| **Last Name** |  |
| **First Name** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Street Address** |  |
| **Apt/Unit #** |  |
| **City/State/Zip** |  |

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| **Are you at least 18 years of age?** | [ ]  **Yes** [ ]  **No** |
| **Are you legally authorized to work in the United States?** | [ ]  **Yes** [ ]  **No** |
| **Do you have a valid driver’s license?** | [ ]  **Yes** [ ]  **No** |
| **Do you have reliable transportation for traveling to and from work?** | [ ]  **Yes** [ ]  **No** |
| **Have you worked for or applied to Turning Point, Inc. before?** **If yes, provide dates** |  |
| **How did you hear about our organization (such as Indeed, Facebook, Employee Referral, Job Fair, etc.)?** |  |
| **Do you have relatives or friends who work at Turning Point, Inc.? If yes, provide their name(s) and relationship** |  |

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| **JOB INTEREST** |
| **What position(s) are you applying for?** |
| [ ]  **Direct Support**[ ]  **Assistant Program Manager**[ ]  **Program Manager** | [ ]  **Program Coordinator**[ ]  **Nurse** |
| [ ]  **Other: Please list in box to the right:** |  |

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| **EDUCATION** |
| **What is your highest level of education completed?** |
| [ ]  **Less than High School**[ ]  **High School Diploma or Equivalent**[ ]  **Associate’s Degree** | [ ]  **Bachelor’s Degree**[ ]  **Master’s Degree** |
| [ ]  **Other: Please list in box to the right:** |  |

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| **PLEASE INDICATE YOUR SALARY EXPECTATIONS** |
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**Employment Application – Page 2**

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| **TRAINING/CREDENTIALS** |
| **Please list all current trainings and/or credentials that you have** |
| [ ]  **First Aid**[ ]  **CPR**[ ]  **MAP** (Medication Administration Program) | [ ]  **PABC** (Proactive Approaches to Behavioral Challenges)[ ]  **American Sign Language** |
| [ ]  **Other: Please list in box to the right:** |  |

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| **EMPLOYMENT HISTORY** |
| **Have you ever been suspended, discharged or asked to resign from a job?** [ ]  **Yes** [ ]  **No** |
| If yes, please explain: |

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| **EMPLOYMENT – List your most recent or current employer first** |
| **Company Name** |  |
| **Address (City/State/Country)** |  |
| **Job Title:** |  |
| **Dates of Employment** | **Start Date:**  |  | **End Date:** |  |
| **Reason for leaving:** |  |

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| **EMPLOYMENT** |
| **Company Name** |  |
| **Address (City/State/Country)** |  |
| **Job Title:** |  |
| **Dates of Employment** | **Start Date:**  |  | **End Date:** |  |
| **Reason for leaving:** |  |

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| **EMPLOYMENT** |
| **Company Name** |  |
| **Address (City/State/Country)** |  |
| **Job Title:** |  |
| **Dates of Employment** | **Start Date:**  |  | **End Date:** |  |
| **Reason for leaving:** |  |

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| **REFERENCES** |
| Not related to you, who you have known for at least one year and who has knowledge of your qualifications. Supervisors/Managers preferred. |
| **Name** | **Title/Relationship** | **Phone Number** | **Years Known** |
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**Employment Application – Page 3**

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| **IMPORTANT****Please Read the Following Statements Before Signing at the end of this Application** |

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| **Background Check** |
| I understand that, upon offer of employment, Turning Point, Inc. will conduct a criminal record background check and if required by my position, my fingerprints will be searched against the database maintained by the Federal Bureau of Investigation. I also understand that, upon offer of employment, a search of my name and other personally identifying information will be searched on the Disabled Persons Protection Commission Abuser Registry. |

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| **Equal Employment Opportunity** |
| Turning Point, Inc. is committed to a policy of Equal Employment Opportunity and will not discriminate regarding employment opportunities or practices on the basis of race, color, religion, gender, national origin, age, genetic information, disability, or any other characteristic protected by law. |

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| **Certification of True and Complete Information** |
| I certify that the information given above is true and complete, and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment**.** |

Employment with Turning Point, Inc. is at the mutual consent “at will” of Turning Point, Inc. and its employees, and either party may terminate that relationship at any time, with or without cause, and with or without advance notice.

''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.''

**By signing below, I verify that I have completed this application on my own. My typed name is considered my**

**signature and I verify that all the information entered above is accurate and truthful.**

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| **Applicant’s Signature:** |  |
| **Date:** |  |