

# SOUTH SHORE COMMUNITY ACTION COUNCIL, INC.

## APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_

\_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

\_\_\_\_\_  
*Street Address* *City* *State* *Zipcode*

HOME TELEPHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT SSCAC?:  SSCAC EMPLOYEE \_\_\_\_\_  NEWSPAPER  AGENCY  
 CAREER FAIR  WEB POSTING  OTHER \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE?.....  YES  NO

ARE ANY OF YOUR RELATIVES EMPLOYED AT SSCAC?.....  YES  NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?.....  YES  NO

*If hired, you will be required to complete an I-9 Form.*

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THIS COMPANY?.....  YES  NO

DATES: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

## EDUCATION

\_\_\_\_\_  
*College Name* *City, State* *Degree or Years Completed* *Major*

\_\_\_\_\_  
*College Name* *City, State* *Degree or Years Completed* *Major*

\_\_\_\_\_  
*High School Name* *City, State* *Degree or Years Completed* *Major*

# EMPLOYMENT HISTORY

YOU MAY INCLUDE VOLUNTEER WORK

EMPLOYER: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

Employer Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

MANAGER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ STARTING/ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

KEY RESPONSIBILITIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

Employer Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

MANAGER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ STARTING/ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

KEY RESPONSIBILITIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

Employer Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

MANAGER: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ STARTING/ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

KEY RESPONSIBILITIES: \_\_\_\_\_

OTHER SPECIALIZED TRAINING OR SKILLS : \_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL REFERENCES

Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Reference Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

# CERTIFICATION

I certify that the information provided on this application and accompanying resume **and other information provided** is true and complete. I **understand** that any omissions could disqualify me from further consideration for employment and **result in termination of employment at any time**.

I understand that this application is not an offer of employment from SSCAC, Inc.. If employed, I understand that employment is **"at will"** and can be terminated by the employee or SSCAC, Inc. at any time for any or no reason with or without notice.

I understand that SSCAC, Inc. requires certain information about me to evaluate my qualifications for employment. Therefore, I authorize the company to investigate my past employment, education credentials and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the company from all liability or responsibility with respect to information supplied. I understand that if I am offered a job, final acceptance by SSCAC, Inc., is contingent upon satisfactory completion of a criminal offender record information background investigation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Equal Opportunity/Affirmative Action Employer  
Revised on 10/2011

## FOOTNOTES TO THE APPLICATION FOR EMPLOYMENT

**SSCAC, Inc. is an EEO/ADA Employer  
Promoting Diversity in the Workplace**

### **Lie Detector Tests**

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.

# EEO/AFFIRMATIVE ACTION COMPLIANCE VOLUNTARY INFORMATION SHEET

SSCAC, Inc. requests that all applicants complete this form in order to comply with federal, and state requirements for record keeping, reporting, and other obligations. SSCAC, Inc., an Equal Opportunity/Employer, provides equal opportunities to all qualified individuals without regard to race, color, religion, sex, sexual orientation, national origin ancestry, age, disability, genetic information, veteran status, or any other legally protected characteristic. The data collected will be used for statistical purposes and to measure the effectiveness of our employment efforts. **The data is considered confidential and will not be part of your personnel file should you be hired at SSCAC, Inc.. Your decision to supply us with this information is strictly voluntary.**

## Please Check The Appropriate Boxes And Complete All Applicable Entries:

DATE: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_

GENDER:  MALE  FEMALE

\_\_\_\_\_  
*Last Name* *First Name* *Middle Initial*

\_\_\_\_\_  
*Street Address* *City* *State* *Zipcode*

## Ethnic Origin (please check only one):

- Caucasian (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- Black (All persons having origins in any of the Black racial groups of Africa)
- Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or Southern American or other Spanish culture of origin, regardless of race.)
- Asian or Pacific Islander (All persons having origins in any of the original peoples of the Far East, South East Asia, the Indian Sub-Continent, or the Pacific Islands. Including but not limited to China, India, Japan, Korea, the Philippines, and Samoa.)
- American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America, and who have maintained cultural identification through tribal affiliation or community recognition.)

[CLICK HERE TO SUBMIT YOUR EMPLOYMENT APPLICATION](#)