



Multicultural Community Services
Of the Pioneer Valley, Inc.

1000 Wilbraham Road
Springfield, MA 01109
(413) 782-2500, fax (413) 796-1955

Dear Applicant:

Welcome to Multicultural Community Services of the Pioneer Valley, Inc. We are excited that you have decided to apply for a position to work here at this Human Service Agency. An application has been attached for your completion. Please answer the application completely and feel free to ask if anything needs to be explained. The application also includes 2 Reference Forms, Driving Record Release Form, MAP Verification Form, MA CORI Release Form and National Criminal Background Check Authorization Form. All sections must be completed.

MCS is also required to have applicants that apply for DDS funded programs be fingerprinted as part of the DDS National Fingerprinting and Background Check. You will be responsible for paying the \$45 fee for the fingerprinting. MCS will reimburse you the whole \$45 at the successful completion of your orientation period. The final hiring decision will depend on the results we get back from the DDS/FBI national background check.

Attached with the application are the National & State Criminal Background Check request forms (C.O.R.I.) and the Driving Record Release forms that need to be legible when completed. **The National & State criminal background records and a copy of your driving record will only be processed if you are offered a position.** All information included in your application, criminal background checks, and driving record will be kept confidential and will be provided at no cost.

MCS will review your application and if there is position that you may be qualified for, someone from this agency will contact you to schedule an interview. **Not all applicants will be called for an interview.** MCS reserves the right to hire the most qualified applicants for the position. Your application will be kept on an active file for 3 months.

We look forward to any contributions you may bring to our programs if hired.

Thank you,

Carlos A. Resto

Carlos A. Resto
Human Resources Director

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APPLICATION FOR EMPLOYMENT

Applicant for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Date of Application:	Position(s) Applied for:
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PERSONAL INFORMATION

Last	First	Middle			
Address		City	State	Zip Code	Telephone Number
Are you over 18?	Have you ever been employed at MCS before?	PROOF OF AUTHORIZATION TO WORK AND YOUR IDENTITY WILL BE REQUIRED UPON EMPLOYMENT.			
Are you available to work Please check	Full time	Part time	Relief/Respite	Weekends	Any shift

PLEASE BE ADVISED THAT MOST JOBS REQUIRE A VALID DRIVER LICENSE AND OWN TRANSPORTATION.

Do you have a valid driver's license?				Do you have transportation?			
IN ORDER TO ACCURATELY MEET MCS STAFFING NEEDS, PLEASE PROVIDE THE SCHEDULE OF HOURS YOU ARE ABLE TO FULFILL							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

PREVIOUS EMPLOYMENT: Start with your present and last job.

Dates Employed	Employer Name	Address	City, State, Zip
From To			
Phone	Position(s)	Hourly Rate:	
Worked Performed			Reasons for leaving
Dates Employed	Employer Name	Address	City, State, Zip
From To			
Phone	Position(s)	Hourly Rate:	
Worked Performed			Reasons for leaving
Dates Employed	Employer Name	Address	City, State, Zip
From To			
Phone	Position(s)	Hourly Rate:	
Worked Performed			Reasons for leaving

EDUCATION

Name of the School	Years completed	Diploma
Describe Specialized Training, e.g. First Aid, C.P.R., Medication Administration Certification		

Its my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this Agency. I understand and agree that if I hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either my employer or myself.

I certified that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omission made by me on this form, attached resume, or any accompanying documentation will be sufficient cause for denial of employment or discharge.

Signature of Applicant

Date



Multicultural Community Services

Of the Pioneer Valley, Inc.

DRIVING RECORD RELEASE

I, _____ give Multicultural Community Services
(Driver's Name) (Company Name)

the right to investigate my driving record. I hereby release from liability
Multicultural Community Services and it's representatives for seeking such information
(Company Name)

and all other persons, corporations, or organizations for furnishing such information.

License #: _____ Expiration Date: _____

Date of Birth: _____ Date(s) Of any accident(s): _____

Years of Driving Experience: _____

Description of Accident(s):

I Hereby attest that I have a valid driver's license.

(Attached a copy of license)

Signature of Driver: _____ Date: _____



REFERENCE AUTHORIZATION FORM

APPLICANT CONSENT FOR RELEASE INFORMATION

I _____ **HEREBY CONSENT TO**
(APPLICANT PRINT NAME)

THE RELEASE OF MY PERSONNEL INFORMATION FROM MY PREVIOUS EMPLOYER LISTED BELOW TO MCS FOR THEIR CONFIDENTIAL USE IN CONSIDERING MY APPLICATION.

SIGNATURE: _____ DATE: ____/____/____

Give name, address and telephone number of previous employer as reference.

Incomplete information will delay processing the employment application

Name

Address:

City:

Zip Code

Telephone



REFERENCE AUTHORIZATION FORM

APPLICANT CONSENT FOR RELEASE INFORMATION

I _____ **HEREBY CONSENT TO**
(APPLICANT PRINT NAME)

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Give name, address and telephone number of previous employer as reference.

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Name

Address:

City:

Zip Code

Telephone