



Employment Application

Application Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print Clearly

Position Applying For:			
How did you hear about CLASS, Inc.?			
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Website (Name):	<input type="checkbox"/> CLASS Employee:
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other	_____	_____ (Please State Employee's name)
First Name:	Middle Initial:	Last Name:	
Street Address:	City:	State:	ZIP Code
Telephone Number(s) – Please include Area Code		Mobile Phone:	

Please Check The Appropriate Answer

If you are **under 18 years of age** can you provide required proof of your eligibility to work? Yes No

Have you ever applied for employment with CLASS, Inc before? Yes No

If Yes, please give date(s): _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? ***Proof of citizenship or immigration status will be required upon employment*** Yes No

Do you have any relatives or friends who work for the Company? Yes No If yes, who and where do they work?

***CLASS is a participant in Homeland Defense E-Verify program and all employees are subject to employment verification upon hire.**

If required by your position, are you aware that you must pass a Department of Transportation Medical exam, which includes a drug screen? Yes No

Have you ever been excluded from participation in any state of federal health care program? Yes No

If Yes, please provide the date, time, facts involved, and current status: _____

* CLASS Inc. performs initial and ongoing exclusion reviews against the OIG Exclusions Database to ensure that applicants and employees have not been sanctioned or excluded from participating in any federal health care program as prohibited by federal law.

NOTE: The Agency is required to conduct a CORI (Criminal Offender Record Information) check on all employees who may have contact with individuals receiving services as a condition of employment and periodically during employment. The Agency considers many factors; therefore, results of a CORI may not disqualify an applicant from employment

EDUCATION AND SKILLS

Type of School	School Name & Address	# of Years Completed	Course of Study	Diploma/Degree
High School				Please Circle One: Diploma / G.E.D.
Undergraduate College				
Graduate/Professional				
Certificate Program (i.e. DMR)				

***Please note:** A high school diploma or G.E.D. is **REQUIRED** for all program employees.

SPECIALIZED TRAINING/SKILLS

PLEASE CHECK ANY OF THE FOLLOWING SKILLS OR CERTIFICATIONS YOU HAVE THAT ARE CURRENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult CPR Certification
Expiration Date: _____ | <input type="checkbox"/> Certified Trainer for: | <input type="checkbox"/> Human Rights Training |
| <input type="checkbox"/> Standard 1 st Aid Certification
Expiration Date: _____ | <input type="checkbox"/> Medication Administration
Expiration Date: _____ | <input type="checkbox"/> Valid Drivers License |
| <input type="checkbox"/> P.A.C. Certification
Expiration Date: _____ | <input type="checkbox"/> Certified Nursing Assistant License
Expiration Date: _____ | <input type="checkbox"/> Valid CDL License Endorsement: _____ |
| <input type="checkbox"/> MS Word/Excel | <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Other (Specify) _____ |

OTHER QUALIFICATIONS

Summarize other special skills and qualifications acquired. Feel free to list volunteer work, etc.:

LANGUAGES

PLEASE RATE YOUR ABILITY TO SPEAK, READ AND/OR WRITE THE FOLLOWING LANGUAGES.

Language	Speak	Read	Write
English	Fluent Good Poor	Fluent Good Poor	Fluent Good Poor
Spanish	Fluent Good Poor	Fluent Good Poor	Fluent Good Poor
Amer. Sign Language	Fluent Good Poor	Fluent Good Poor	Fluent Good Poor
Other (Specify)	Fluent Good Poor	Fluent Good Poor	Fluent Good Poor

EMPLOYMENT/EXPERIENCE HISTORY

Starting with your present/most recent job, please list any professional experiences, volunteer activities or military assignments, which are job-related. If you need additional space, please continue on a separate sheet of paper. Exclude organization names, which indicate, for example, race, color, religion, sex, disability or national origin.

NAME & ADDRESS OF EMPLOYER:		
Business Phone Number:		Type of Business:
Start Date:	Departure Date:	Reason For Leaving:
Beginning Job Title:		Starting Hourly Rate/Salary:
Ending Job Title:		Ending Hourly Rate/Salary:
Description of Job Responsibilities:		
Name & Title of Supervisor:		If current employer, may we contact this employer for reference purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No

NAME & ADDRESS OF EMPLOYER:		
Business Phone Number:		Type of Business:
Start Date:	Departure Date:	Reason For Leaving:
Beginning Job Title:		Starting Hourly Rate/Salary:
Ending Job Title:		Ending Hourly Rate/Salary:
Description of Job Responsibilities:		
Name & Title of Supervisor:		

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Business Phone Number:		Type of Business:
Start Date:	Departure Date:	Reason For Leaving:
Beginning Job Title:		Starting Hourly Rate/Salary:
Ending Job Title:		Ending Hourly Rate/Salary:
Description of Job Responsibilities:		
Name & Title of Supervisor:		

PROFESSIONAL REFERENCES

Please list at least three people who can attest to your work history. Please DO NOT INCLUDE friends and/or relatives.

Name:	Title:	Telephone #:
Company Name & Address:		

Name:	Title:	Telephone #:
Company Name & Address:		

Name:	Title:	Telephone #:
Company Name & Address:		

Please Read And Sign Below

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in reaching an employment decision.

I hereby authorize any representative of CLASS, Inc. bearing this release to obtain any information from schools, agents, employers or individuals, relating to my activities. This information may include, but is not limited to, academic achievement, performance, attendance, employment and disciplinary history. I hereby direct you to release such information upon request of the bearer. I hereby absolve any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with CLASS, Inc. is of an "at will" nature, which means that the Employee may resign at any time and that CLASS, Inc. may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed unless an authorized executive of this organization specifically acknowledges such a change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) which are uncovered after my employment may result in discharge. I understand, also that I am required to abide by all rules and regulations of CLASS, Inc.

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 liabilities.

(Applicant Signature)

(Date)



CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT & REQUEST FORM

CLASS Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to CLASS Inc. to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing CLASS Inc. with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: CLASS Inc. may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that CLASS Inc. must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE DATE

To be completed by Applicant/Subject. Asterisk (*) denotes a required field.

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

* Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: # # # - _ _ - _ _ _ _

Sex: _____ Height: ___ft. ___in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

To be completed by authorized representative of CLASS Inc.

The above information was verified by reviewing the following form(s) of government issued identification:
_____ (attach copy)

VERIFIED BY: _____
Name of Verifying Employee (Please Print) Signature of Verifying Employee

FEDERAL HEALTH CARE EXCLUSIONS SCREENING

Federal law prohibits entities that participate in federal health care programs (including Medicare, Medicaid, and other governmental programs), such as CLASS Inc, from entering into or maintaining certain relationships with individuals or entities that have been excluded from participation in federal health care programs.

As required, CLASS Inc. will perform initial, monthly, and ongoing exclusion reviews against the OIG Exclusions Database to ensure that applicants, employees, volunteers, and contractors have not been sanctioned or excluded from participating in any federal health care program as prohibited by federal law. Providing the information requested below is required.

To be completed by Applicant/Subject.

Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)	Date of Birth
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Have you ever been excluded from participation in any state of federal health care program? (Yes/No) _____

If you answered yes to the above question, please provide the date, time, facts involved, and current status:

I certify that the information provided above is accurate and that I have disclosed all information to the best of my knowledge.

SIGNATURE

DATE

*State-issued identification must be provided to verify the above information.

*If a name returns a positive match to the database, social security number will be used to confirm identity. CLASS is required to report all confirmed positive matches to the EOHHS Compliance Office.

To be completed by authorized representative of CLASS Inc.

The above information was verified by reviewing the following form(s) of government issued identification:

_____ (attach copy)

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

Motor Vehicle Record Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with **CLASS, Inc.** etal., I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies which maintain such records: as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to CLASS, Inc. and McLaughlin Insurance Agency.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **CLASS, Inc. commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (include Middle Initial)

Social Security Number

Drivers License Number

State

Date of Birth

Signature

Date

FAX: (781) 665-0295

Effective January 1, 2016, all prospective employees, interns, volunteers and contractors of Department of Developmental Services (DDS) licensed or funded programs must complete a fingerprint-based background check of the state and national criminal history databases.

All offers of employment are contingent upon passing all background check requirements for your position and program; including but not limited to CORI, RMV, OIG and pre-employment (physical and drug testing, transportation department only).

The following is an overview of the fingerprinting process:

1. Within two weeks (10 working days) of receipt of CORI results, CLASS Inc. will register an applicant for a fingerprinting appointment via either the Morpho Trust USA IndentoGo registration website or the Customer Service Telephone Center.

Website Registration:

<http://www.identogo.com/FP/Massachusetts.aspx>

Telephone Registration: 866-349-8130- CLASS Inc. will schedule an appointment before you are fingerprinted.

2. Upon completion of your CORI check, Class, Inc will submit this information to the Statewide Applicant Fingerprint Identification Services (SAFIS) Program. A letter from DDS will then be generated and received by Class, Inc. with your **Person Identification Number**.

4. This Person Identification Number is then used to schedule your appointment at IndentoGO. Once your appointment has been scheduled, you will receive a copy of the DDS Letter and the appointment document with your **Registration ID #**.

5. **You must bring both of these documents with you** to your fingerprinting appointment, along with an acceptable form of identification. Fingerprinting will not be taken without an acceptable form of identification.

Acceptable forms of identification include:

- Driver's License from any U.S. state or territory
- Valid State Identification Card from any U.S. state or territory
- U.S. Passport or U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card
- Foreign Passport and Form I-94 or Form I-92A



7. All forms of identification must include an identifiable photo, the applicant's full name, and date of birth. All documents must be verifiable and unexpired.

8. A complete list of acceptable forms of identification are listed on the Morpho Trust Website: <http://www.identogo.com/FP/Massachusetts.aspx>

9. Upon completion of your fingerprinting, your national background check will be processed.

10. You will be contacted by CLASS Inc. when your national background check is complete.

When you arrive for your fingerprinting appointment you can pay by credit card, personal check or money order. The cost for fingerprinting is **\$45.00**. Once you are hired, all of your background checks are completed and cleared and you have completed 90 days of employment, you will be reimbursed by CLASS Inc. for the cost of the fingerprinting (\$45.00).

If you need to reschedule your appointment you must contact Leslie Keith, HR Manager directly at **978-975-8587 xt.1211**.

Sincerely,

Matthew Butts
HR Director
CLASS Inc.

By signing below, I provide my consent to a Fingerprint background check. I understand that I am required to pass a fingerprint background check as a term of employment with CLASS Inc.

Name: _____ (please print)

Date: _____

Signature: _____