

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

Massachusetts applicants may include any verified work performed on a volunteer basis.

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month Year	TELEPHONE NUMBER ()		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

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FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
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EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____

DATE: _____

Training/Certifications	Date Completed	Date Expires	IF Need [X]
Fingerprint Clearance Card			
Driver's License			
CPR			
First Aid			
CIT I & II or Prevention & Support			
Article 9			



EMPLOYMENT APPLICATION

Availability Agreement Form

Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
<input type="checkbox"/> 8AM-4PM	<input type="checkbox"/> 8AM-4PM	<input type="checkbox"/> 8AM-4PM	<input type="checkbox"/> 8AM-4PM	<input type="checkbox"/> 8AM-4PM	<input type="checkbox"/> 8AM-4PM	<input type="checkbox"/> 8AM-4PM
<input type="checkbox"/> 2PM-11PM	<input type="checkbox"/> 2PM-11PM	<input type="checkbox"/> 2PM-11PM	<input type="checkbox"/> 2PM-11PM	<input type="checkbox"/> 2PM-11PM	<input type="checkbox"/> 2PM-11PM	<input type="checkbox"/> 2PM-11PM
<input type="checkbox"/> 10PM-10AM	<input type="checkbox"/> 10PM-10AM	<input type="checkbox"/> 10PM-10AM	<input type="checkbox"/> 10PM-10AM	<input type="checkbox"/> 10PM-10AM	<input type="checkbox"/> 10PM-10AM	<input type="checkbox"/> 10PM-10AM

Please indicate the hours you are available to work each day. Please indicate “N/A” for not available. Do not leave any day columns blank.

As an employee of Track House Life you will receive a set schedule, so we ask that you indicate to the best of your knowledge, your availability. Once you have set an agreed upon schedule, Track House Life will make its best attempt to provide hours, you say, you’re available to work. These hours will be added to your permanent file and will be considered your hours of Availability. Pay rates are also dependent on your availability. Availability is a prime agreement to employment and not subject to change once agreed upon. Permanent changes in employee schedules, not originally agreed upon, may result in changes from full time status to part time status.

If and when an employee makes changes to their availability within the first 90 days of employment, it will be considered a voluntary loss of hours on your previous availability requested. Track House Life is not obligated or required to make adjustments in accordance to your request of change in availability.

When a temporary change occurs in your availability, it can only be implemented for 7 consecutive. In addition, it can only be approved for an emergency or none emergency event such as Vacation or paid time off. Employees are responsible for notifying their supervisor as well **as complete a request time off form.**

Employees who miss scheduled hours with no explanation are in violation of this agreement and will be removed from the routine schedule.

I, _____, agree to notify the Program Director or my Direct Supervisor when I am no longer able to work the above hours. I must notify the above persons by phone or in person any time I am unable to work. I further agree to submit a revised copy of this form within 3 business days if I am unable to fulfill this agreement. .

Signature: _____

Date: _____

Track House Life is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Track House Life complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Track House Life also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

