



THE WHITNEY ACADEMY, INC.
P.O. Box 619, 85 Dr. Braley Road, E. Freetown, MA
APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: The Whitney Academy, Inc. is committed to the principle of equal opportunity in education and employment. The Whitney Academy does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

Position(s) applied for: _____ Date of application: ___/___/___

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-In Internet Search Other: _____
Name of source (if applicable): _____

Name: _____
LAST FIRST MIDDLE

Address: _____ SS #: _____
STREET CITY STATE ZIP CODE

Cell #: (____) _____ Home #: (____) _____ E-mail: _____

If necessary, best time to call you is: _____

May we contact you at work? Yes No

If yes, work number and best time to call: (____) _____, _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give dates: _____ From: ___/___/___ To: ___/___/___

Date available for work: _____ What is your desired salary range? _____

Employment desired: Full-time Part-time Internship

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Will you work overtime if required? _____ Yes No

If no, please explain: _____

Driver's License #: _____ Exp. Date: ___/___/___ State: _____

Have you had any moving violations &/or accidents in the past 3 years? Yes No

If yes, how many? Please explain: _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). You must complete this section even if attaching a resume.

Name of Employer	()	Telephone Number
Your Position	Your Supervisors Name	
Address & Street	City	State Zip
Dates of Employment: _____ From To		
Duties		
Reason for Leaving	May we contact this employer for a reference? ___ Yes ___ No ___ Later	

Name of Employer	()	Telephone Number
Your Position	Your Supervisors Name	
Address & Street	City	State Zip
Dates of Employment: _____ From To		
Duties		
Reason for Leaving	May we contact this employer for a reference? ___ Yes ___ No ___ Later	

Name of Employer	()	Telephone Number
Your Position	Your Supervisors Name	
Address & Street	City	State Zip
Dates of Employment: _____ From To		
Duties		
Reason for Leaving	May we contact this employer for a reference? ___ Yes ___ No ___ Later	

Comments: (INCLUDE AN EXPLANATION OF ANY GAPS IN EMPLOYMENT)

Education

As per regulation and accreditation, all professional licenses and latest educational degree applicable to the position, must be verified. Please provide as much information as possible to expedite verification. **PLEASE INCLUDE YEAR OF GRADUATION. IF GED WAS OBTAINED, PLEASE INDICATE.**

TYPE OF SCHOOL	SCHOOL NAME	SCHOOL MAILING ADDRESS	DATES ATTENDED	YEAR GRADUATED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS or TRADE SCHOOL				

References

List name and telephone number of three professional references who are **NOT** related to you.

REFERENCE NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Skills and Qualifications/Additional Information

Please list other special skills you may have, e.g., fluency in other languages, computer skills, licenses, special training required for the position for which you are applying, etc. Whitney Academy, Inc. does not discriminate on the basis of gender, age, color, creed, ethnicity, religion, national origin, sexual orientation, gender identify, disability, military status or homelessness.

Military (Please Complete if Applicable)

Are you a member of the United States Military Services: Yes No If yes, what branch? _____

Are you a veteran of the United States Military Services: Yes No If yes, what branch? _____

If yes, Date Entered: _____ Date Discharged: _____

If yes, please describe any special skills or training acquired while in the service.

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further considerations of this applicant (2) immediately discharge me from the employers service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

AT-WILL EMPLOYMENT

It is 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 organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with out prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defiant duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer president.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I am also required to undergo a pre-employment physical and TB test.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

As part of the process of weighing an applicant's qualifications and determining his or her suitability for open positions, Whitney Academy, Inc. requires background checks for all finalists for a position.

I understand that I will be subject to a background check, including but not limited to a National Sex Offender Registry check. I also understand that effective September 1, 2013, all applicants for employment or volunteers must adhere to an FBI fingerprint check as mandated by the Massachusetts Department of Early Education and Care. I hereby authorize ADP Selection Services, a consumer-reporting agency, as an Agent for The Whitney Academy Inc., to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

Any applicant who provides misleading, erroneous or willfully deceptive information to Whitney Academy on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with Whitney Academy.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Name: _____

(PLEASE PRINT)

Applicant Signature: _____

Date: ____/____/____

THE WHITNEY ACADEMY, INC.

85 DR. BRALEY RD.
P.O. Box 619
EAST FREETOWN, MA 02717
TELEPHONE: (508) 763-3737
FACSIMILE: (508) 763-4200

TO: All Perspective Employees of The Whitney Academy, Inc.

FROM: Human Resources, ext. 226
hr@whitneyacademy.org

On January 10, 2013, Governor Deval Patrick signed into law G.L. Chapter 459 of the Acts 2012, an Act relative to Background Checks. The law requires all newly hired school employees in Massachusetts, to submit to national fingerprint based criminal background checks in addition to the State CORI checks.

New employees of The Whitney Academy, Inc. will be subject to a Massachusetts criminal background check (CORI), which must be completed before they begin work. In addition, the employee is required to submit to a national criminal background check by submitting your fingerprints within 21 days of notification. The Executive Office of Public Safety and Security and The Department of criminal Justice Information Services, working with the Department of Early Education and Care and the Department of Elementary and Secondary Education have established the procedures for taking the fingerprints, submitting them to the national database and returning reports to school employers. Under c 459, the employee is responsible for the cost of the national background check.

Your continued employment at The Whitney Academy, Inc. is conditional upon completion and assessment of a national criminal background check with the mandated time frame as well as the State CORI check already completed.

Please sign below indicating your understanding and acknowledgement of these conditions of employment and the required national criminal background check.

Signature _____

Print _____

Date _____



CONSENT FOR BACKGROUND RECORD CHECK OF
EMPLOYEE VOLUNTEER / INTERN



All current or perspective employees/regular volunteers/interns who work in the Department of Early Education and Care (EEC) licensed program named at the bottom of this form and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR 14.00) must complete and sign this Consent form.

To be completed by applicant:

Full Name	Last	First	Middle	Maiden or other Surnames (list all)	
Date of Birth (MM/DD/YY)		Place of Birth	Gender (M/F)		
Last six digits of social security # (required) _____			If you have never been issued a social security # check here ___		
Height	Weight	Eye Color	Mother's Maiden Name		
Dates and Places of Residence for the Past Seven Years:					
From /To	Number & Street	City	State	ZIP	

Please list other states in which you have resided: _____

Signing this form means that you (the applicant) understand:

- EEC will conduct a Background Record Check (BRC) which consists of both a Criminal Offender Record Information (CORI) check and a Department of Children and Families (DCF) background record check. EEC may use this information for investigative purposes if you or your employer is the subject of an EEC investigation.
- The results of the DCF and CORI checks will be shared with the employer/potential employer listed on this application. The employer/potential employer listed on this application will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DCF background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI check shows a criminal history, which includes all adult/youthful offender convictions and non-convictions, all juvenile findings of delinquent or not delinquent, all sealed records, and all pending charges.

I grant EEC permission to complete a BRC check on me and to provide the results to my employer/potential employer. I certify the information above is correct to the best of my knowledge.

Applicant's Signature Date

Employer Certification:

The applicant is applying for a position or is currently employed in an EEC licensed program within the entity listed on the bottom of this form. I understand that the use of this form for any reason other than its intended purpose is unlawful.

The applicant's identity was verified by reviewing the following form of government issued photographic identification: _____ (Please keep a photocopy of said identification in file with this application.)

Please check one:

Applicant is A prospective employee _____, current employee _____ prospective volunteer _____, current volunteer _____

Signature of Authorized Background Record Check Reviewer _____ Date: _____

Thank you for applying to The Whitney Academy, Inc..

APPLICANT DATA RECORD

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Positions(s) applied for:

Referral Source Newspaper Friend Relative Employment Agency HigherEdJobs.com
 Internet Search Professional Journal Walk-in Other _____

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Telephone () _____

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual Disabled Veteran Vietnam Era Veteran

Signature: _____ Date _____

THE WHITNEY ACADEMY, INC.
SELF-IDENTIFICATION OF DISABILITY

CONFIDENTIAL

Purpose of Form: In accordance with Executive Order #227, the Governor's Code of Fair Practice, and Executive Order #246, Affirmative Action Program for the disabled, each employee and applicant for employment within the executive branch of the State Government, is invited whether he/she is disabled, for purposes of receiving the Affirmative Action efforts. It is being requested on a voluntary basis, and refusal to provide it will not submit you to any adverse treatment. The information will be kept confidential and used only in accordance with State Office Affirmative Action guidelines and any applicable federal regulations (e.g. 45 C.F.R., Part 84) implementing Section 504 of the Rehabilitation Act 1973 (29U.S.C. S794).

A self-identification is presumed accurate, pending verification and issuance of a document confirming the individual's protection status*. This process is completed only once to confirm protected status for purposes of affirmative action by any agency within the executive branch. A self-identified applicant for employment is not required to provide disability during the hiring process, and hiring cannot be made contingent on verification, but protected status must be documented within 30 days. The self-identifying individual must submit to the Affirmative Action Manager, a separate Verification of Disability form completed by a physician, or a state agency such as the Commission of the Blind, Commission for the Deaf and Hard of Hearing, Department of Mental Health, Department of Developmental Disabilities or the Massachusetts Rehabilitation Commission.

The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Affirmative Action Data Records are kept in a confidential file and are not part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any Affirmative Action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip)	
Telephone Number (s)	National ID (Social Security Number)
Check if the following is applicable: <input type="checkbox"/> Person with a disability* A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. ("Major Life Activities" includes but is not limited to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Information on disability is maintained by the ADA Coordinator and is not shared with Human Resources.)	

By signing below, I have voluntarily self-identified as disabled, according the definition given above. I understand that my protected status is subject to verification.

Applicant Signature

Date

*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency, you will need to submit self-identification and verification of such with the ADA Coordinator. Appropriate forms are available at The Whitney Academy Human Resource Office.