



**Voluntary Affirmative Action Information**

Saint Vincent’s Services is an Affirmative Action/Equal Opportunity Employer and considers all applicants for all positions without regard to race, color, gender, creed, religious affiliation, nationality, ethnic origin, ancestry, age, disability, veteran’s status, or sexual orientation, which shall not include persons, whose sexual orientation, involves children as sex objects.

In our efforts to continue with a quality Affirmative Action/Equal Opportunity program and to meet reporting requirements of the Commonwealth of Massachusetts and the Federal government regarding record keeping we ask that you complete this survey.

PLEASE BE ADVISED THAT COMPLETING THIS SURVEY IS STRICTLY VOLUNTARY AND IS NOT PART OF YOUR APPLICATION FOR EMPLOYMENT. THIS INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL IN NO WAY BE USED IN ANY HIRING DECISION.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Referral Source       Advertisement       Walk-In       Relative       Employee  
 Job Posting       Government Employment Agency  
 Friend       Job Line       College or University Placement Office

Name of Source:

Please check the group you most identify with:

Caucasian     African American     Hispanic     American Indian/Alaskan Native  
 Asian/Pacific Islander       Other

Please check the following if applicable:

Vietnam Era Veteran     Disabled Veteran     Individual with a Disability

Saint Vincent’s Services  
2425 Highland Avenue  
Fall River, MA 02720  
(508) 679-8511  
Fax (508) 672-2558

**Employment History**

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference?	Yes    No    Later			

Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference?	Yes    No    Later			

Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference?	Yes    No    Later			

Employer	Telephone	Dates Employed		Summarize the type of work performed and job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title				
Reason for Leaving				
May we contact for reference?	Yes    No    Later			

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

---

**Skills and Qualifications** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

---



---



---

### Educational Background

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YEARS	C. DEGREE	D. GPA	E. MAJOR	F. MINOR

### Personal References

List name and telephone number of three **personal** references who are **not** related to you.

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

### Additional Information

List professional, trade, business, or civic associations and any office held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS

List any additional information you would like us to consider.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that employment with Saint Vincent's Services is on an "at will" basis. This means the employment relationship may be terminated at any time by either the employee or Saint Vincent's Services for any reason not expressly prohibited by law. I understand and agree that this application is not a contract for employment, and that my employment is not for an unlimited period, and may be terminated at any time without advance notice.

We are an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on the basis of race, color, gender, creed, religious affiliation, nationality, ethnic origin, ancestry, age, disability, veteran's status or sexual orientation.

As part of our application/employment process, Saint Vincent's Services is required to complete a Criminal Offender Record Information (CORI) Check as well as a Sexual Offender Record Information Check (SORI). The Department of Early Education and Care also conducts a review of the Department of Child and Family record information. In accordance with Chapter 77 of the Acts of 2013, "An Act Relative to Background Checks," all applicants being considered for employment must submit their fingerprints to facilitate a nationwide criminal background check conducted by the FBI. The information requested on the accompanying form must be complete and legible. Employment is contingent on the successful completion of the CORI, SORI and DCF process.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### NON DISCRIMINATION NOTICE

This is to notify all persons that Saint Vincent's Services does not discriminate against any person because of her/his race, color, gender, creed, religious affiliation, nationality, ethnic origin, ancestry, age, disability, veteran's status or sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, in the provision of or access to services, employment and activities. This is in accordance with all applicable federal and state law, including, but not limited to, Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, as amended, the Civil Rights Act of 1964, as amended, Article 114 of the Massachusetts Constitution, Chapters 151B and 272, Sections 92, 98 and 98A of the Massachusetts General Laws and Executive Orders 227, 246 and 253.

Contact Human Resources for the name of the person designated to administer compliance with the law and regulations.

For further information about our policies and grievance procedures for the resolution of complaints contact Human Resources for the name of the Affirmative Action/Equal Opportunity Manager and the Programmatic Access Manager (ADA Coordinator).

Provider Name: Saint Vincent's Services  
Provider Address: 2425 Highland Avenue  
Fall River, MA 02720  
Telephone: 508-679-8511

Provider Chief Executive Officer Signature: 