



The Polus Center for Social & Economic Development, Inc.  
134 High Street Clinton, MA 01510

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## Application for Home and Respite Providers

### Personal Data

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

Name: (last, first, middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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

If employed, can you provide proof of US citizenship? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

### Education Record

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High School \_\_\_\_\_

Address: \_\_\_\_\_

Degrees or Diploma: \_\_\_\_\_

College/University \_\_\_\_\_ Dates attended: \_\_\_\_\_

Address: \_\_\_\_\_

Degrees or Diploma: \_\_\_\_\_

Trade or Technical School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Degrees or Diploma: \_\_\_\_\_

Our Company is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, ancestry, sex, age, handicap, veteran status or sexual orientation.

**Military Service**

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Branch of Service: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Duties/Special Title: \_\_\_\_\_

**Employment History**

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Begin with most recent employer. Attach sheet, if needed.

1. Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/Duties: \_\_\_\_\_

Manager/Supervisor's Name: \_\_\_\_\_

Why did you leave?

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2. Employer \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/Duties: \_\_\_\_\_

Manager/Supervisor's Name: \_\_\_\_\_

Why did you leave?

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3. Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Titles/Duties: \_\_\_\_\_

Manager/Supervisor's Name: \_\_\_\_\_

Why did you leave?

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**Criminal History**

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of any other offense against the law\*? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(See below before answering) If yes, explain:

Date of court offense: \_\_\_\_\_ Disposition \_\_\_\_\_

\*You are not required to furnish information for:

- 1. Any offense committed prior to your seventeenth (17) birthday, unless such offense was bound over for trial in Superior Court;
- 2. A first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace;
- 3. A misdemeanor conviction which occurred more than five (5) years ago unless you have been convicted of any offense within the last five (5) years; or
- 4. A misdemeanor conviction which resulted in a period of incarceration which ended more than five (5) years ago unless you have been convicted of any offense within the last five (5) years.

I understand a routine Criminal Offender Record Information (C.O.R.I.) check will be carried out on all prospective employees of Polus Center as mandated by the Department of mental Retardation (D.M.R.). My signature on this application gives my consent for a C.O.R.I. check to be carried out.

**References**

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

1. Reference \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Reference \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Reference \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Work phone: ( ) \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names of friends or relatives that we employ by this company:

\*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

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