



BERKSHIRE FAMILY AND INDIVIDUAL RESOURCES

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*Respectful of the Past ...
Passionate About the Present ...
Committed to the Promise of the Future ...*

Application for Employment

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, national origin, genetic information, age, and disability, military or veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also 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 should be subject to criminal penalties and civil liability.

Position(s) Applied For:

Date

Personal (Please print clearly)

Name: First _____ Middle _____ Last _____

Street Address: _____ City _____ State _____ Zip Code _____

Telephone #: _____ Cell Phone #: _____ Email: _____

Best time to call you? _____ a.m. _____ p.m.

How did you hear about BFAIR? Referred By _____ Walk-in

Advertisement (Name) _____ Other (please specify) _____

Are you eligible to work in the United States? yes no. (Proof of eligibility will be required before you can be employed.)

Do you have a valid driver's license? yes no Do you have access to a vehicle? yes no

Are you under 18? yes no

Have you applied or been employed here before? yes no If yes, please give date(s): _____

Have you had any direct interactions with persons with disabilities? Please describe: _____

On what date would you be available for work? _____ Salary Expectations: _____

BFAIR is a 24-hour a day, 7 day a week operation (including holidays).

Are you able to work shifts? 1st Shift yes no 2nd Shift yes no 3rd Shift yes no

Are you able to work weekends? yes no

How many hours would you like to work? Full-time (32+ hours) Part-time (32 hours or less)
 On-call relief (fill in as needed)

Do any of your relatives now, or have they in the past worked for BFAIR? yes no. If yes, please give details: _____

If prior employers/references/schools know you by another name please list: _____

Employment History

List below present and past employment, beginning with your most recent (You may include verifiable volunteer positions if you wish)

Name and Address of Company & Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Y	Mo.	Y				
	Position and duties:							
Telephone #	May we contact this employer? Yes No							
Name and Address of Company & Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Y	Mo.	Y				
	Position and duties:							
Telephone #	May we contact this employer? Yes No							
Name and Address of Company & Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Y	Mo.	Y				
	Position and duties:							
Telephone #	May we contact this employer? Yes No							

Please explain any gaps in employment _____

Education

(Please note: educational verification will be required upon hire.)

School

Diploma/Degree/GED

High School _____

College _____

Skills/Special training/Accomplishments: _____

Applicant Statement

As an applicant for employment with BFAIR, I understand the following:

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.**

AGREEMENT: I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. 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.

Signature of Applicant _____ Date _____