

New England Homes for the Deaf, Inc.

APPLICATION FOR EMPLOYMENT*

APPLICANT INFORMATION

Last Name	First Name	Middle	Date
Street Address		()	Home Telephone
City, State, Zip		Email Address	
Maiden Name		Social Security Number	
Have you ever applied for employment with us? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, _____			
		Month/Year	Location
Position(s) applying for		Pay Expected	

EMPLOYMENT POSITIONS

Are you available for full-time work? yes no If not, what hours can you work? _____

Will you work overtime if asked? yes no

When will you be available to begin work? _____

Are you legally eligible for employment in the United States? yes no

EDUCATION

High School

Name of School: _____

School Address: _____

School City, State, Zip _____

Number of years completed: _____

Did you graduate? yes no

Degree/Diploma earned: _____

EDUCATION

College

Name of School: _____

School Address: _____

School City, State, Zip _____

Number of years completed: _____

Did you graduate? yes no

Degree/Diploma earned: _____

*New England Homes for the Deaf is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

**EDUCATION
Graduate**

Name of School: _____

School Address: _____

School City, State, Zip _____

Number of years completed: _____

Did you graduate? yes no

Degree/Diploma earned: _____

**EDUCATION
Business/Trade/Technical**

Name of School: _____

School Address: _____

School City, State, Zip _____

Number of years completed: _____

Did you graduate? yes no

Degree/Diploma earned: _____

MILITARY

Did you serve in the U.S. Armed Forces? yes no If yes, what branch? _____

Describe any training received relevant to the position for which you are applying: _____

OTHER

Other special training or skills (language, machine operation, etc.) _____

MEMBERSHIPS

Membership in professional or civic organizations, excluding those which may disclose your race, color, religion or national origin.

EMPLOYMENT

Please describe past and present employment positions, dating back ten years.

Are you currently employed? yes no

If you are currently employed, may we contact your current employer? yes no

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, state, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

EMPLOYMENT

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, state, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

EMPLOYMENT

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, state, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

EMPLOYMENT

Name of Employer: _____ Name of Supervisor: _____

Telephone Number: _____ Business Type: _____

Address: _____ City, state, zip: _____

Length of Employment (Include Dates): _____ Weekly Pay _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? yes no

REFERENCES

List below three persons who have knowledge of your work performance within the last five years.

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Please Read, then Sign Below

The information provided in the application for employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Applicant's Signature: _____ Date: _____

INTERNAL USE ONLY

REFERENCE CHECK

Employer: _____ Person Contacted: _____

Results _____

Employer: _____ Person Contacted: _____

Results _____

INTERVIEWER'S COMMENTS

Interviewer's Name: _____

Comments _____

New England Homes for the Deaf

OIG Exclusive Check Release and Verification Form

Date: _____

Name: _____

Address: _____

Social Security Number: _____

Signature of Applicant: _____

(NEHD use only – do not write below this line.)

Search Results

_____ **No Results Found**

_____ **Record Found**

Signature of Person Completing the OIG Search _____

Date: _____

The OIG Exclusive List must be searched prior to acceptance of any application or execution of contract. File the completed form in the applicant's file or with an executed contract. The OIG List can be searched online at www.hhs.gov/oig.

Updated 1/2011

New England Homes for the Deaf, Inc.

154 - 160 Water Street
Danvers, MA 01923-3794

Phones: (978) 774-0445 VOICE
(978) 739-4010 TTY
Fax: (978) 774-0271

INFORMATION RELEASE FORM

_____ has applied for employment at
the New England Homes for the Deaf and given your facility's name as a reference.
We would appreciate any information regarding the employee's history.

Length of employment: From _____ to _____.

Dependability: _____.

Reliability: _____.

Ability to get along with others: _____.

Would you say this employee did the job assigned in an efficient and effective manner?

_____.

Any additional comments: _____

_____.

Thank you very much for your assistance in providing this information. Your prompt
response is greatly appreciated.

Sincerely,

I give my permission to have this information released.

Applicant's Signature