

**APPLICATION FOR
EMPLOYMENT**

RETURN TO:

MHPI, Inc.
Human Resources
70 Bridge St, Suite 201
Newton, MA 02458

Phone: 617-431-4922
Fax: 617-789-5750
e-mail: jobapps@mhpi.net



MHPI, Inc.
Creating Housing... Supporting Lives

We consider applicants for all positions without regard to race, color, religion, creed, gender, gender identification, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION

| | |
|---|---------------------------|
| NAME: _____ | Date of Application _____ |
| First Middle Last | |
| ADDRESS _____ | () _____ |
| _____ | Cell Phone Number |
| City State Zip Code | () _____ |
| e-mail _____ | Home Telephone Number |

OCCUPATIONAL OBJECTIVES

Position applied for: _____ Salary/Wage Required _____
Shifts Available: Day Afternoon Evening Night Weekends
Full-time Part-time Per-Diem Temporary When can you start? _____
What is your occupational goal? _____

PLEASE ANSWER THE FOLLOWING:

Referral Source: Website or Paper Name of website or paper: _____
Employee Name of Employee _____ Job line Other (please explain)
Explain Other: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you applied at MHPI, Inc or RSSI, Inc. before? Yes No Interviewed: Yes No
If applicable: Job Applied for: _____ Date of Interview: _____

Have you ever been employed at MHPI, Inc. or RSSI, Inc.? Yes No
If yes, please give dates: From _____ To _____ and Campus/Job Title _____

Do you have any scheduling limitations? Yes No If yes, please explain: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of U. S. Citizenship or immigration status will be required upon employment.)

SKILLS/QUALIFICATIONS/LICENSES/CERTIFICATIONS (Please summarize any special training, skills, licenses, and/or certificates that you have which may qualify you as being able to perform job-related functions for the position for which you are applying):

EDUCATIONAL BACKGROUND

| | Name/Address of School | Course of Study | Years Completed | Diploma/Degree |
|-------------|------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Other | | | | |

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | |
|--------------------|--|---|
| Employer Name | Dates Employed From: To: | Summarize the nature of work performed and responsibilities: |
| Address | Starting Wage | |
| Job Title | Ending Wage | |
| Reason for Leaving | | |
| Supervisor | Telephone No. | May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/> |
| Employer Name | Dates Employed From: To: | Summarize the nature of work performed and responsibilities: |
| Address | Starting Wage | |
| Job Title | Ending Wage | |
| Reason for Leaving | | |
| Supervisor | Telephone No. | May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/> |
| Employer Name | Dates Employed From: To: | Summarize the nature of work performed and responsibilities: |
| Address | Starting Wage | |
| Job Title | Ending Wage | |
| Reason for Leaving | | |
| Supervisor | Telephone No. | May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/> |

IT IS UNLAWFUL IN MASSACHUTTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY

Date: _____ Signed: _____

I agree to conform to the rules and regulations of this company. I understand that my employment maybe terminated at any time for any reason at the option of either myself or the company. I hereby affirm the information on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date. I further understand that a criminal background check may be part of the verification process and that all employment history information may be checked.

Date: _____ Signed: _____

References for Employment

(Please provide 3-4 references, preferably present or former supervisors)

Your Name: _____ Position: _____

I authorize MHPI, Inc. and/or its agents to conduct an investigation of my application for employment as considered necessary. I authorize and request any and all former employers and/or businesses referenced to furnish information concerning my past job performance and work histories. I release from any liability the individuals and businesses named below furnishing such information. I recognize a photocopy of this authorization is a valid requisition. I understand that any false statements on my application are grounds for dismissal or withdrawal of any offer of employment.

Signature: _____ Date: _____

Reference 1

Circle one: Supervisor Co-worker

Name: _____ Title _____

Company Name: _____

Address: _____

Phone # _____ e-Mail _____

Reference 2

Circle one: Supervisor Co-worker

Name: _____ Title _____

Company Name: _____

Address: _____

Phone # _____ e-Mail _____

Reference 3

Circle one: Supervisor Co-worker

Name: _____ Title _____

Company Name: _____

Address: _____

Phone # _____ e-Mail _____

Reference 4

Circle one: Supervisor Co-worker

Name: _____ Title _____

Company Name: _____

Address: _____

Phone # _____ e-Mail _____