

Applicant Name: \_\_\_\_\_

Greater Marlboro Programs, Inc.  
40 Mechanic Street  
Marlboro, MA 01752  
508-485-4227  
508-485-6274 (fax)

## Application for Employment



Helping People Help Themselves

Please answer all questions carefully and completely in your own handwriting so we may evaluate your application properly. All questions must be answered and the application must be signed.

Rev. 5/08

Please read before completing application

Welcome to Greater Marlboro Programs, Inc.

Thank you for considering Greater Marlboro Programs, Inc. as your future employer. We are seeking qualified candidates who understand and appreciate the mission of our organization. A successful candidate will possess the following:

- Proven commitment to treat with respect and dignity, co-workers, the individuals we serve and their families;
- Proven communication skills to respond efficiently and quickly to concerns raised by individuals, family members or co-workers
- A satisfactory driving record, clean/legal CORI check, positive work references;
- Ability to complete all required trainings with the goal of becoming a fully contributing member of the team.

Only those candidates who complete this application **in full** will be considered. Please read and follow all instructions in full.



## Education

Most positions require at least a High School Diploma or Equivalency

High School Graduate?  yes  no; Name of School \_\_\_\_\_

College/University Diploma?  yes  no; Specialty \_\_\_\_\_

Advanced Degree?  yes  no; Specialty \_\_\_\_\_

Special Trainings Achieved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment References

Please give the name, address, occupation and telephone number for 3 references. Do not use relatives or personal friends. We will only accept work related references.

1. \_\_\_\_\_  
Name                      Address                      Telephone                      Occupation

2. \_\_\_\_\_  
Name                      Address                      Telephone                      Occupation

3. \_\_\_\_\_  
Name                      Address                      Telephone                      Occupation

It is the responsibility of the candidate to ensure that references provided will be able to be contacted and will provide appropriate work related references for the position applied.

---

Have you ever been convicted of a felony?  yes  no

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

Are your education or employment records under any other name?  yes  no

If yes, please provide that name: \_\_\_\_\_

## Work Experience

List most recent first:

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City and state

Employed from (month/year) \_\_\_/\_\_\_ to (Month/year) \_\_\_/\_\_\_

Reason for leaving: \_\_\_ resigned \_\_\_ laid off \_\_\_ involuntarily terminated \_\_\_ other

Describe your major job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City and state

Employed from (month/year) \_\_\_/\_\_\_ to (Month/year) \_\_\_/\_\_\_

Reason for leaving: \_\_\_ resigned \_\_\_ laid off \_\_\_ involuntarily terminated \_\_\_ other

Describe your major job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City and state

Employed from (month/year) \_\_\_/\_\_\_ to (Month/year) \_\_\_/\_\_\_

Reason for leaving: \_\_\_ resigned \_\_\_ laid off \_\_\_ involuntarily terminated \_\_\_ other

Describe your major job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Experience**

---

---

---

---

---

---

---

---

---

---

**Applicant Agreement**

Greater Marlboro Programs, Inc. require verification of academic degree for applicants assuming positions requiring degrees. I understand that GMPI cannot offer me a position without proper verification of required degrees and credentials. I further understand that my driving record and criminal offense record will be reviewed prior to my employment.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me, if work related. I hereby release from liability the employer and its representatives for seeking information, and all other persons, corporations, or organizations for providing it.

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