





**Center for**  
**Workforce Inclusion**  
powering opportunity for older adults



**Senior Community Service Employment (SCSEP)**

City of Springfield / Department of Elder Affairs

1476 Roosevelt Avenue Springfield, MA 01109 Phone: (413) 787-6124 Fax: (413) 750-2694

11. Have you ever had any job-related training in the U.S. military?  Yes  No If yes, please describe:

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12. Are you physically or otherwise unable to perform the duties of the position or assignment for which you applying? .....  Yes  No

**Education**

	Elementary School	High School	Undergraduate College/University	Graduate/Professional					
School Name/ Location:									
Years Completed: <i>(circle correct response)</i>	4 5 6 7 8	9 10 11 12	1 2 3 4						
Diploma/Degree:									
Course of Study <i>(where applicable)</i>									
Indicate any foreign languages you speak, read and/or write									
Language	Speak			Read			Write		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List professional, trade, business or civic activities and offices held									

**References**

Provide name, address and telephone number of three references who are not related to you.

REFERENCE	REFERENCE	REFERENCE
Name	Name	Name



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Address	Address	Address
Phone ( )		Phone ( )
Email	Email	Email

**Employment Experience**

Start with your current or last job. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue on a blank sheet of paper.

Employer		Dates Employed		Work Performed
Name	From	To	Job title	
Address	City	State	Zip	Work performed:
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Name	From	To	Job title	
Address	City	State	Zip	Work performed:
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Name	From	To	Job title	
Address	City	State	Zip	Work performed:
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Name	From	To	Job title	
Address	City	State	Zip	Work performed:
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving				

**SCSEP ENROLLMENT APPLICATION FORM**



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Telephone Number(s)		
Supervisor	Email	
Reason for Leaving		

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**INITIAL INTAKE APPLICATION**

(Please Print)

Means of Transportation \_\_\_\_\_ Health: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Poor \_\_\_\_\_

Limitations/accommodation: \_\_\_\_\_

Type of work you prefer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your total income for the past 6 months from today? [Include income of spouse and other relatives (if dependent—if they are claimed on taxes) if they live in same house]

Income Source	Applicant	Spouse	Other
Social Security			
Dividends			
Salary/Wages			
Self-Employment			
Survivor's Benefits			
Pension			
Interest			
Rents/Royalties / Estates and Trusts			
Alimony			
Financial Assistance from Outside the Household			
Other income			

Total last 12 months income for immediate (household) family: \$ \_\_\_\_\_

Signature \_\_\_\_\_

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**I certify the above information is correct.**

*Senior Service America, Inc. is an Equal Opportunity Employer.*

**STATEMENT:** What we do is assist you with your search for employment. We match you with a community service assignment in a non-profit or government department where you develop the skills and confidence you need to compete in today's job market while taking training classes at any Career Centers and DEA Computer Lab. We pay the Massachusetts minimum wage per hour for 20 hours a week while you continue to seek unsubsidized employment.

This application is required of all SCSEP applicants to meet reporting requirements of our grantor, the US Department of Labor. This information will be kept confidential and used only in accordance with the law. Applicants with a disability may request a reasonable accommodation for the application process.

The Federal Government which supplies our funds requires that SCSEP workers continue looking for regular jobs. Even in our poor economy, there are many better-paying jobs or jobs with more hours.

**CERTIFICATE OF APPLICANT: I HEREBY CERTIFY, that all statements made on or in connection with this application are true and correct, and I agree and understand that any misstatement or omission of material facts may cause forfeiture on my part of all rights to any SCSEP program benefit and services.**

\_\_\_\_\_  
 SCSEP Applicant

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

**Referred to:** \_\_\_\_\_ **Senior Community Service Employment Program**  
 \_\_\_\_\_ **Private Sector initiative**  
 \_\_\_\_\_ **Job Bank**

**Notes/Comments:**

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