

City of Springfield / Department of Elder Affairs

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

## SCSEP ENROLLMENT APPLICATION FORM

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. If selected, continued SCSEP enrollment is contingent on the applicant's successful completion of Criminal Offender Record Information (CORI) Acknowledgement Form

(Ple	ease print legibly)					
	be of Job (s) I am erested In:		Date of App	lication:		
Hov	w did you learn about us?	□New Enrollment □Re-enrollm □Walk-In □Friend □Employment Agency □ Rela				
Las	t Name	First Name			Middl	e Name
Add	lress	City			State	Zip Code
Tele	ephone Number(s)	Email Address	Socia	al Securi	ty Number	
1.		or older, can you provide the require the program?		□ No		
2.	Have you ever filed an app	lication with us before?	🗆 Yes	🗆 No	lf yes, please	give date:
3.	Have you ever been enrolle	ed in this program before?	□ Yes	🗆 No	lf yes, please	give date:
4.	Are you currently employed	۶	🗆 Yes	🗆 No		
5.	May we contact your prese	ent employer?	🗆 Yes	🗆 No		
6.	Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?			□ No		
	(Proof of citizenship or imr	nigration status will be required upo	on employme	ent)		
7.	Have you ever been convid	cted of a felony?	🗆 Yes	🗆 No	If yes, when?:	
8.	On what date would you be	e available to start an assignment?				
9.	Are you available:		□Full Ti	me	Part-Time	e 🗆 Temporary

10. Can you travel if a position or assignment requires it?..... I Yes I No If yes, when?:

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

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

### Education

School Name/ Location:    4    5    6    7    8    9    10    11    12    1    2    3    4      Years Completed: (circle correct response)    4    5    6    7    8    9    10    11    12    1    2    3    4      Course of Study (where applicable)    Indicate any foreign languages you speak, read and/or write    Indicate any foreign languages you speak, read and/or write      Language    Speak    Read    Write      1.		Elementar School	y	High	Schoo			-	duate iversity	Graduate	e/Profe	ssional
(circle correct response)	Location:								-			
Course of Study (where applicable)    Indicate any foreign languages you speak, read and/or write      Language    Speak    Read    Write      1.		4567	8	9 1	0 11 ′	12	1 2	3	4			
(where applicable)      Indicate any foreign languages you speak, read and/or write        Language      Speak      Read      Write        1.												
Language      Speak      Read      Write        1.												
I.    Fluent Good Fair    Fluent Good Fair    Fluent Good Fair      2.    Image: Im		Indicate an	y foreigi	n lang	uages	you s	speak	, read	d and/or	write		
1.    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .	Language		Speak			Read		Write				
2.			Fluent	Good	Fair	FI	uent	Good	Fair	Fluent	Good	Fair
List professional, trade, business or civic activities and offices held	3											
	Lis	t professior	al, trade	e, busi	iness o	r civi	c acti	vities	and offic	ces 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
Audress	Auuress	Audress
Phone ()		Phone ()
Email	Email	Email
Lillali	Lillali	

### **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	Date	s Employed		Work Performed
Name	From	То		Job title
Address	City	State	Zip	Work performed:
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving				
Employer	Date	s Employed		Work Performed
Name	From	То		Job title
Address	City	State	Zip	Work performed:
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving				
Employer		s Employed		Work Performed
Name	From	То		Job title
Address	City	State	Zip	Work performed
Telephone Number(s)				
Supervisor	Email			
Reason for Leaving	<u>.</u>			
Employer	Date	s Employed		Work Performed
Name	From	То		Job title
Address	City	State	Zip	





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Telephone Number(s)		
Supervisor	Email	
Reason for Leaving	·	



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# **INITIAL INTAKE APPLICATION**

(Please Print)
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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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