



# 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



## 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*

**(Please print legibly)**

|  |                      |                        |          |
|--|----------------------|------------------------|----------|
| Type of Job (s) I am Interested In:  | Date of Application: |                        |          |
| How did you learn about us? <input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Recertification <input type="checkbox"/> Advertisement<br><input type="checkbox"/> Walk-In <input type="checkbox"/> Friend<br><input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____ |                      |                        |          |
| Last Name  | First Name           | Middle Name            |          |
| Address  | City                 | State                  | Zip Code |
| Telephone Number(s)  | Email Address        | Social Security Number |          |

- If you are 55 years of age or older, can you provide required proof of your eligibility to enroll in the program?.....  Yes     No
- Have you ever filed an application with us before?.....  Yes     No    If yes, please give date: \_\_\_\_\_
- Have you ever been enrolled in this program before?.....  Yes     No    If yes, please give date: \_\_\_\_\_
- Are you currently employed?.....  Yes     No
- May we contact your present employer?.....  Yes     No
- Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?.....  Yes     No  
(Proof of citizenship or immigration status will be required upon employment)
- Have you ever been convicted of a felony? .....  Yes     No    If yes,when?: \_\_\_\_\_
- On what date would you be available to start an assignment? \_\_\_\_\_
- Are you available:    Full Time                 Part Time     Temporary
- Can you travel if a position or assignment requires it?.....  Yes     No    If yes,when?: \_\_\_\_\_
- Have you ever had any job-related training in the U.S. military?  Yes     No    If yes, please describe: \_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you physically or otherwise unable to perform the duties of the position or assignment for which you applying? .....  Yes     No

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## Education

|   | Elementary School        | High School              | Undergraduate College/University | Graduate/Professional    |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| School Name/<br>Location:   |                          |                          |                                  |                          |                          |                          |                          |                          |                          |
| Years Completed:<br><i>(circle correct response)</i>                    | 4 5 6 7 8                | 9 10 11 12               | 1 2 3 4                          |                          |                          |                          |                          |                          |                          |
| Diploma/Degree:   |                          |                          |                                  |                          |                          |                          |                          |                          |                          |
| Course of Study<br>(where applicable)                                   |                          |                          |                                  |                          |                          |                          |                          |                          |                          |
| 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      |
| Address   | Address   | Address   |
| Phone ( ) |           | Phone ( ) |
| Email     | Email     | Email     |

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

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

**STATEMENT:** What we do is assist you with your search of employment. We match you with a community service assignment in a non-profit or government agency where you develop the skills and confidence you need to compete in today's job market while training classes at any Career Centers and DEA Computer Lab. We pay the State 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 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

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