



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

Enrollment priority is given to veterans and qualified spouses of veterans, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using services through the American Job Center system.

The Center for Workforce inclusion's Senior Community Service Employment Program (SCSEP) is funded by a grant from the U.S. Department of Labor Employment and Training Administration. SCSEP is an equal opportunity program. Auxiliary aides and services are available upon request to individuals with disabilities

(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 <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend <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

1. If you are 55 years of age or older, can you provide the required proof of your eligibility to enroll in the program?..... Yes No
2. Have you ever filed an application with us before?..... Yes No If yes, please give date: _____
3. Have you ever been enrolled in this program before?..... Yes No If yes, please give date: _____
4. Are you currently employed?..... Yes No
5. May we contact your present employer?..... Yes No
6. 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)
7. Have you ever been convicted of a felony? Yes No If yes, when?: _____
8. On what date would you be available to start an assignment? _____



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9. Are you available: Full Time Part-Time Temporary
10. Can you travel if a position or assignment requires it?..... Yes No If yes, when?: _____
11. Have you ever had any job-related training in the U.S. military? Yes 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

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name/ Location:				
Years Completed: (circle correct response)	4 5 6 7 8	9 10 11 12	1 2 3 4	
Diploma/Degree:				
Course of Study (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



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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

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



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Name	From	To	Job title
Address	City	State	Zip
Telephone Number(s)			
Supervisor	Email		
Reason for Leaving			

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			



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Financial Assistance from Outside the Household			
Other income			

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

Signature _____
 I certify the above information is correct.

Center for Workforce Inclusion, 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:

