



APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY

Position(s) applied for: _____ Date of application: _____

Name (Last): _____ (First): _____ (M.I.): _____

Address (Street): _____

(City): _____ (State): _____ (Zip code): _____

Telephone: (____) _____ - _____ Email: _____

If under 18, can you furnish a work permit? Yes No Have you ever been employed here before? Yes No

Are you legally authorized to work in the United States? Yes No *(Proof of U.S. citizenship or immigration status will be required upon employment.)*

Date available for work: ____/____/____ Type of employment desired: Full-Time Part-Time Relief

Do you currently have a valid driver's license? Yes No

EMPLOYMENT HISTORY: List your last four (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
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IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Note: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company.

EDUCATIONAL BACKGROUND:				
NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

REFERENCES: (Please provide three [3] professional references)			
NAME	TELEPHONE		YEARS KNOWN
	AREA CODE		
	()	-	
	()	-	
	()	-	

NOTE – All spaces in application must be completed for you to be considered.

It is understood and agreed 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. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

LifeStream is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation/expression, ancestry, national origin, age, disability, handicap, pregnancy, genetics or veteran status.

Signature of Applicant: _____ Date: _____

ADDITIONAL QUESTIONS:

Where did you hear about LifeStream (Referral source)?

Newspaper: _____ Internet: _____ LifeStream Employee: _____ Walk In
 Other: _____

LifeStream operates several service divisions. Please indicate below the service division you are applying fo employment within:

Residential Day Supports Employment & Training Clinical Administrative

If applying for a position available within Residential Services, indicate below the shift desired:

First Shift Second Shift Third Shift Weekends



LifeStream

P.O. Box 50487
New Bedford
Massachusetts 02745
Phone (508) 993-1991
Fax (508) 991-5228

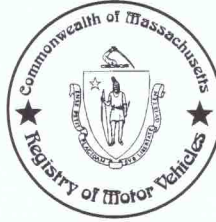
DRUG TEST CONSENT FORM

I, an applicant for employment at LifeStream, Inc. (“the company”), understand that the use of drugs, alcohol, and other controlled substances by an employee creates a dangerous work environment. I hereby give my consent for the company to conduct pre-employment and, if employed by the Company, reasonable suspicion drug and alcohol tests as outlined in the Company’s Drug-and Alcohol-Free Workplace Policy. I understand that the tests are a condition of employment. I hereby allow the Company’s designated testing facility to take the necessary specimens from me to test for any controlled substance or alcohol, and I authorize the laboratory or medical personnel retained by the Company to conduct these tests to release the results to the Company.

Print Name of Applicant

Signature

Date



Commonwealth of Massachusetts
Registry of Motor Vehicles
PO Box 199100
Boston, MA 02119-9100

Request for Driving Record
(Fee: \$10)

(Please print clearly)

Date: _____

Name of Requestor: RHONDA BAPTISTE

Address of Requestor: PO Box 50487, New Bedford, MA 02745

as an authorized representative of:

 LifeStream, Inc. PO Box 50487, New Bedford, MA 02745
Name of Company/Agency Company/Agency Address

Requests a Driving Record for the following person (All information MUST be supplied)*:

Driver's Name: _____
(Last) (First) (MI)

Driver's Date of Birth: _____
(Month) (Day) (Year)

Driver's License Number: _____

*If you do not know the Driver's License Number and believe you may qualify as a "permitted user" of personal information from motor vehicle records under the Driver Privacy Protection Act, 18 U.S.C., section 2721 et seq. please indicate this to the RMV Associate.

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

Completion of this form is voluntary and will not affect employment decisions.

DATE _____ / _____ / _____

APPLICANT'S NAME _____ (_____) _____
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE:

- JOB FAIR (LOCATION _____)
- ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL
- EMPLOYMENT AGENCY OTHER NAME OF SOURCE (IF APPLICABLE) _____

As required, we comply with government regulations, including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE:

- MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE / ETHNIC GROUPS:

- White Black or African American Native Hawaiian or Other Pacific Islander Asian
- Hispanic or Latino Two or More Races **

** The two or More Races category is defined as all persons who identify with more than one of the above five races.

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- VETERAN VIETNAM ERA VETERAN DISABLED VETERAN DISABLED INDIVIDUAL



Employment Reference Form

Please list only current/previous manager

Reference Name: _____ Phone: (____) _____

Company Name: _____ Position/Title: _____

Relationship: _____ Salary Held: _____

I _____ give LifeStream authorization to contact the aforementioned reference in order to obtain information regarding my previous employment in accordance with the provisions of the Privacy Act of 1974 and similar federal and state laws.

Applicant's Name (print)

Applicant's Signature

Date

For Human Resources Department Only

1. Position Held: _____ From/To: _____

() correct () incorrect _____

2. Can you confirm reason for leaving? _____

3. Can you confirm salary? _____

4. How would you describe or rate this individual's performance? _____

5. What were his/her greatest strengths? _____

6. How did he/she interact with customers/patients, management and co-workers? _____

7. Would you rehire him/her? () yes () no If no, why? _____

Ref. Done By:
Attempts: Date:



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