

APPLICATION FOR EMPLOYMENT
 Perkins School for the Blind
 175 North Beacon Street, Watertown, MA 02472
 Attn: Human Resources Department
 Phone: 617-972-7210/Fax: 617-972-7635

Date _____

Last Name	First Name	Middle	Social Security Number
Permanent Address	No.	Street	City, State, Zip
E-mail/Cell No.			
Local Address	No.	Street	City, State, Zip
Telephone No.			
In case of an emergency notify: Name	Address		Telephone No.
How were you referred to Perkins?			
Have you ever worked at Perkins? When? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position?	Program?	Supervisor?
Position Desired:		Program/Department	
Work Preference: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	HOURS AVAILABLE. In answering the following questions you are not required to indicate the need for absences for religious practice during scheduled work hours. Apart from any need to be absent for religious practices, what hours would you be available to work? THURSDAY _____ FRIDAY _____ MONDAY _____ SATURDAY _____ TUESDAY _____ SUNDAY _____ WEDNESDAY _____		
Date available for employment	Expected salary	NOTE: Perkins is a residential school and some positions may require you to work a combination of shifts	
EDUCATION			
NAME OF SCHOOL	ADDRESS OF SCHOOL	MAJOR FIELD	DIPLOMA/DEGREE
			GRADUATED Yes No
High School			
College			
Graduate Degree(s)			
Professional Certification or Technical Registration	Certification or Registration No.	State(s)	Exp. Date
1.)			
2.)			
3.)			
Other Specialized Training (i.e. Sign Language, Braille, First Aid, Swimming, CPR, Technical Training, etc.)			
Office Skills:			
Typing _____ w.p.m.		Types of office machines you can operate:	
Shorthand _____ w.p.m.			

EMPLOYMENT RECORD (list most recent first) You may include any verified work performed on a volunteer basis.

Name of School/Company	From Mo./Yr.	To Mo./Yr.	Job Title	Salary Hrs./Wk.
No. and Street	May we check your references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe your duties:	Reason for leaving
City and State				
Telephone No.				
Supervisor				
Name of School/Company	From Mo./Yr.	To Mo./Yr.	Job Title	Salary Hrs./Wk.
No. and Street	May we check your references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe your duties:	Reason for leaving
City and State				
Telephone No.				
Supervisor				
Name of School/Company	From Mo./Yr.	To Mo./Yr.	Job Title	Salary Hrs./Wk.
No. and Street	May we check your references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe your duties:	Reason for leaving
City and State				
Telephone No.				
Supervisor				
Name of School/Company	From Mo./Yr.	To Mo./Yr.	Job Title	Salary Hrs./Wk.
No. and Street	May we check your references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe your duties:	Reason for leaving
City and State				
Telephone No.				
Supervisor				

Additional Information

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "No Record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. Any applicant for employment may answer "No Record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not resulting a complaint transferred to the Superior Court for criminal prosecution.

1. Have you ever been convicted of a felony? No Yes Give details below
2. In answering the following questions, do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.
 - a. Have you been convicted of a misdemeanor within the last five years? No Yes Give details below
 - b. If you have been convicted of either a felony or misdemeanor within the last five years, have you been convicted of a misdemeanor five or more years ago? No Yes Give details below

REFERENCES: List 3 people other than relatives, preferably employers or supervisors, who can comment on your abilities.

Name			
Address			
City/State/Zip			
Telephone #			
E-mail			
Relationship			

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment.
 An employer who violates this law shall be subject to criminal penalties and civil liability.
 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTIONS EMPLOYER

PERKINS SCHOOL FOR THE BLIND

ADDENDUM TO APPLICATION FOR EMPLOYMENT

Please Read Carefully Before Signing

I hereby affirm that the information provided by me on this application is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that employment is conditioned upon satisfactory replies from my references. I also understand that any offer of employment is conditioned upon satisfactory results of a pre-placement occupational health screening conducted by the Occupational Health Nurse at Perkins to which I hereby consent. I also agree to take a medical examination at such other times as required by Perkins during my employment. In the event of my employment at Perkins, I agree to comply with all School rules and regulations as they may be changed from time to time. I understand that this application for employment and any other Perkins documents are not contracts of employment, and that any person who is hired may voluntarily leave employment upon giving proper notice, and may be terminated by Perkins at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

Date: _____ **Signature** _____

APPLICANT'S RELEASE

Please Read Carefully Before Signing

I give permission to Perkins to investigate all pertinent information about my application in order to determine my qualifications for employment.

I hereby authorize any former employer, person, firm, corporation or government agency to answer any and all questions about me and to release or provide any information within their knowledge or records, and I agree to hold any or all of them blameless and free of any liability for releasing any truthful information about me that is within their knowledge or records.

Date: _____ **Signature** _____

**PERKINS SCHOOL FOR THE BLIND
AFFIRMATIVE ACTION SELF-IDENTIFICATION FORM**

Perkins School for the Blind prohibits discrimination against any applicant for employment on the basis of race, color, religion, sex, national origin, age, marital or veteran status, physical or mental disability.

As an employer with an affirmative action program, we comply with all federal and state regulations, including affirmative action responsibilities where they apply.

The purpose of this form is to assist us with equal opportunity affirmative action record keeping and reporting as required by law.

PROVIDING THIS INFORMATION IS VOLUNTARY.

This form will not be kept with your application or personnel file, and the information it contains will be kept strictly confidential.

(Definitions on reverse)

Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<hr/>			
Check One:	<input type="checkbox"/> White	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	
	<input type="checkbox"/> American Indian/Alaskan Native		
<hr/>			
Check all that may apply:			
	<input type="checkbox"/> Vietnam Era Veteran		
	<input type="checkbox"/> Disabled Veteran		
	<input type="checkbox"/> Individual with a Disability		

Print Name: _____ Date: _____
Signature: _____

FEDERAL GOVERNMENT DEFINITIONS OF AFFIRMATIVE ACTION CATEGORIES

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, Pakistan, India and Bangladesh.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.

Vietnam-Era Veteran: Any person who was on active duty with any branch of the United States military services during any portion of the Vietnam era and who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty for a service-connected disability. Federal regulations define the Vietnam era as the period between August 5, 1964 and May 7, 1975.

Disabled Veteran: Any person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more or any person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Individual with a Disability: Any person who (1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment. A handicap is substantially limiting if it is likely to cause the person difficulty in securing, retaining, or advancing in employment.