



Transitions Centers Inc. is a private, non-profit agency. Its mission is to support individuals, living with any challenge, transition to greater independence and self-respect.

**Application for Employment**

Please complete the entire application. Incomplete applications may not be considered for employment. Transitions Centers promotes equal treatment and equal employment opportunity to all applicants and employees regardless of race, creed, color, national origin, sex, religion, age, marital status, sexual orientation, veteran status or disability.

**PERSONAL INFORMATION**

Position desired:		Application Date:	
Last Name	First Name	Middle	
Address	City	State	Zip Code
Home Telephone	Cell Telephone		
Social Security Number			
Email address:			

1. Have you ever applied for work with TCI before?  yes  no  
 If yes give dates of previous applications \_\_\_\_\_
2. Have you ever been employed by TCI before?  yes  no  
 If yes, give date of previous employment \_\_\_\_\_
3. Does your Visa/immigration status prevent you from legal employment in this country?  
 yes  no. Proof of citizenship or immigration status will be required upon employment, consistent with federal law.
4. On what date are you available to work? \_\_\_\_\_
5. Are you applying for:  full time work  part time work  internship
6. Are you currently on "lay off" status and subject to recall?  yes  no
7. Can you travel if the job requires it?  yes  no
8. During the last 10 years, were you fired from a job for any reason, did you quit after being told you would be fired, and/or did you leave by mutual agreement?  yes  no
9. Have you been convicted of a felony?  yes  no record

TRANSITIONS CENTERS INC.  
32 Commercial Street  
South Yarmouth, MA 02664

**REFERENCES**

At the appropriate point in the interview process, three professional references will be requested from applicants.

**EDUCATION**

Name and location of College(s) or University(ies) Attended Received	Degree Granted	Date
Name and location of High School Attended Received	Diploma Granted	Date
Business, Trade or Technical School Attended Received	Certification Granted	Date

Describe specialized training, apprenticeship skills and extra curricular activities:

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Describe honors received and/or professional affiliations:

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**EMPLOYMENT HISTORY**

Start with your present job and include last three jobs. You must complete all information requested. You may include as part of your employment history any verified work performed on a volunteer basis.

Employer	From-To (Mo/Yr)	Telephone
Address		Job Title
Supervisor		
Reason for Leaving		
Salary	Number of hours per week worked	

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Your former employers may be called unless the reasons for not doing so are indicated here:

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Describe any pertinent certifications, registrations or licenses you hold

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Summarize special job-related skills and qualifications acquired from employment or other experience that may be helpful in considering your application:

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### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I release any and all persons and parties contacted about my qualifications for employment from any and all claims or damages arising from the furnishing of information. I understand that false or misleading information given or information omitted in my application or interview(s) will be cause for denial of employment or sufficient cause for discharge, regardless of when or how discovered. I understand also that I am required to abide by all rules and regulations of the employer.

Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_