

Employment/Volunteer Application

Employment/Volunteer Application				
Personal Information				
Name (Last, First, MI)				
Street address				
City, State, Zip				
Home phone number		Work phone number		
Facsimile number		E-mail address		
Social security number		Driver's license number/state/expiration		
<i>(if job involves any driving)</i>				
Employment Desired				
Position applied for				
How did you hear about this position?				
Date available for work		Desired hours (full time, part time, etc.)		
Education				
	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):				
.....				
.....				

Last Name, First Initial:

Today's Date:

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			
4.	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	What value did you add to this company or its customers?			

[PLEASE CONTINUE ON NEXT PAGE]

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Employment History

5.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
				
				
6.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
				
				

[PLEASE CONTINUE ON NEXT PAGE]

What interests you about working with this population?

What if any experiences have you had that would allow you to relate with this population?

Do you work best independently or as part of a team?

How confident are you that you are willing to make a commitment to this population and will not lose interest in a few weeks?

Are you comfortable speaking with people that you do not know?

Are you comfortable with fundraising activities?

If you could do anything in life and knew you would not fail what would you do?

Are you good with organizing?

Do you have regular internet access?

Unlimited long distance telephone service?

Employment Application

Additional Information

Have you ever been employed with this company before? Yes No
If Yes, when?

Do you have any friends or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain:

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with our company in the following states, please read the following instructions before responding.

- CA** Do not provide information concerning:
- (1) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated. or;
 - (2) any misdemeanor conviction for which probation has been completed or discharged and the case has been judicially dismissed.

MA Have you ever been convicted of a felony? Yes No Record If so, when? _____

Within the last five years have you been convicted of or released from incarceration for a misdemeanor, which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray or disturbing the peace? Yes No Record

(A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.) _____

In Massachusetts, an application for employment with a sealed record on file with the commissioner of probation may answer "No Record" with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "No Record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, 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 result in a complaint transferred to the superior court for criminal prosecution.

NV Only report those convictions that occurred within the past seven (7) years.

NH Only report those convictions that have taken place in the past seven (7) years. Convictions, which have not been annulled, will not necessarily disqualify you from employment.

OR Do not provide information concerning a juvenile record that has been expunged.

SD Have you been convicted of a felony?

WA Limit your answer to convictions for which the date of conviction or prison release, whichever is more recent, is within seven (7) years of today's date.

Employment Application

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

Testing Authorization

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.

Signature

Date

Non-discrimination Policy

It is the policy of the Things of My Very Own, Inc. not to discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender or gender identity or expressions, marital or parental status, national origin, ethnicity, citizenship status, disability, veteran status, disabled veteran status, or Veterans of the Vietnam Era status, in its educational programs, activities, admission into programs, or employment policies.

In addition to complying with federal and state equal opportunity laws and regulations, the Organization through its Diversity Policy declares harassment that is based on individual differences (including sexual orientation, and sexual identity) to be inconsistent with its mission and educational goals.

Employment Discrimination

It is the policy of the Organization not to illegally discriminate in any aspect of employment, including, but not limited to:

- hiring and firing
- compensation
- assignment or classification of employees transfer
- promotion
- job advertisements, recruitment, testing
- training and apprenticeship programs
- retirement plans and disability leave
- other terms and conditions of employment

Discriminatory practices also include:

- harassment on the basis of race, color, religion, sex (including sexual orientation), national origin, disability, or age
- retaliation against an individual for filing a charge of discrimination
- retaliation against an individual for participating in an investigation
- retaliation against an individual for opposing discriminatory practices
- employment decisions based on stereotypes or assumptions about the abilities, traits, or performance of individuals of a certain sex, race, age, religion, sexual identity, sexual orientation, or ethnic group
- employment decisions based on stereotypes or assumptions about individuals with disabilities
- denying employment opportunities to a person because of marriage to, or association with, an individual of a particular race, religion, national origin, or an individual with a permanent disability.

**NOTE: The discriminatory practices described herein may or may not constitute discrimination under the law; however, said practices do violate Things of My Very own, Inc. policy.*

Things of My Very Own, Inc. Anti-Harassment Policy and Complaint Procedures

Statement of Policy

Things of My very Own, Inc. is committed to maintaining a learning and working environment that is free of bias, prejudice, and harassment—an environment that supports, nurtures, and rewards career and educational advancement on the basis of ability and performance. Harassment based upon race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, and any other legally protected basis is prohibited by law and undermines the character and purpose of the Organization. Such harassment is illegal and against Organization policy, and will not be tolerated. This policy covers all Directors, Volunteers, Employees, and Participants of the Organizational community and those who affect the Organizational community such as vendors or visitors. The Organization encourages everyone to report all incidents of harassment regardless of who that offender may be.

I. Definition of Prohibited Harassment

Prohibited harassment is conduct based on race, color, religion, sex, sexual orientation, gender and/or gender identity or expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, and any other legally protected basis when

1. Submission to or rejection of the conduct is either an explicit or implicit term or condition of employment, basis for participation or advancement in an academic program, or basis for participation in a Organizational activity or benefit; or
2. Such conduct creates an intimidating, hostile, or offensive work, academic, or learning environment; or
3. Such conduct otherwise adversely affects employment or academic opportunities.

Examples of such prohibited conduct when based upon a legally protected status include, but are not limited to

- Verbal abuse or hostile behavior such as insulting, teasing, mocking, degrading, or ridiculing another person or group;
- Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets, or demands;
- Physical assault or stalking;
- Displays or electronic transmission of derogatory, demeaning, or hostile materials;
- Unwillingness to train, evaluate, assist, or work with an employee, volunteer, program participant, or student.

Harassment is unacceptable in the workplace, classroom, sports, and in other Organizational settings, such as mentorship programs and Organization sponsored social functions and events. This behavior violates Organizational policy even when it may not be sufficiently severe or pervasive to constitute a violation of law.

II. Reporting a Harassment Complaint

All individuals who believe they have been harassed should file a complaint. Verbal complaints should be reduced to writing by either the complainant or the individual who receives the complaint in order to preserve an accurate record. The written complaint should identify the parties involved; describe the harassing behavior; when and where it occurred; and identify by name or description any witnesses.

Complaints should be promptly reported so that appropriate action may be taken in a timely manner. However, the late reporting of complaints may not prevent appropriate remedial action.

Any conduct that may be in violation of this policy will be investigated, regardless of whether a complaint is filed, and appropriate remedial action will be initiated.

Effort shall be made to complete the investigation of a complaint within thirty (30) days of the report of the harassment. Extensions of the time frame may be necessary in some circumstances. The complainant and alleged harasser will be notified of the extension.

III. Confidentiality

The Organization will maintain the confidentiality of the complaint to the greatest extent consistent with our goal of conducting a thorough and complete investigation. Effort will be made to safeguard the privacy and rights of all persons involved.

IV. Investigation and Disposition of the Complaint

The investigator will conduct a prompt, thorough, and impartial investigation of the complaint in the manner he or she deems necessary. The parties to the complaint will each have an opportunity to be heard during the investigation. The parties will also be informed of the status of the investigation as deemed appropriate. The investigation process is strictly internal to Things of My Very Own, Inc., so the presence of legal counsel or third parties is not permitted at any stage of the process unless otherwise required by law.

If it is determined that a violation of the Organization's harassment policy has occurred, prompt remedial action shall be taken. The nature of the remedial action and the process for its implementation will depend upon the particular facts and circumstances. The findings and intended actions shall be communicated to the complainant and the alleged harasser. If it is determined that no violation has occurred, such findings shall be communicated to the complainant and the alleged harasser. If the results of an investigation show that the complainant knowingly filed false accusations of harassment, or that a witness gave false statements, such individuals will be subject to the appropriate disciplinary action.

V. Retaliation

The Organization will take every step necessary to protect the complainant and any witnesses against retaliation for reporting the harassment or for participating in the investigation of a complaint. Any officer, employee, volunteer, or participant, who retaliates against an individual who complains of harassment, witnesses harassment, or participates in the investigation of a harassment complaint violates Organization policy and may be subject to sanctions.

Complaints of retaliation should be reported as violations of this policy.

VI. Sexual Assault

Sexual assault is a sexual act against the will and without the consent of the victim or where the victim is incapable of giving consent. This includes conduct that would be considered criminal under the New York State Penal Code. Since the medical, emotional, and legal needs of a sexual assault complainant may differ from those of other harassment complaints, sexual assault victims should, in addition to filing a Organization complaint, report the assault to the police and pursue counseling and other services if necessary.

VII. Consensual Relationships

Sexual behavior that is welcome or consensual does not constitute sexual harassment under the law. However, romantic relationships in situations where one individual has

greater power or authority over another frequently result in claims of harassment when the relationship ends and a perception of favoritism while the relationship continues. Such relationships are inappropriate. If a consensual relationship occurs, any situation of authority must be discontinued and appropriate action may be taken.

IX. Education

The Organization supports a complete program for the education of its community with respect to the meaning and implementation of this policy. Training will be scheduled accordingly.

This policy does not form a contract of any kind. The Organization reserves the right to change or modify this policy as it deems appropriate and without notice.

Sign _____ Date _____

“AT WILL POLICY”

We have today a rapidly changing work environment. Both companies and workers are changing directions faster than ever. In order to remain competitive there is a greater than ever need for flexibility and managerial discretion. “At will” employment, which has been “the law of the land” for over a century, provides the flexibility and discretion we deem necessary for the benefit of everyone at this company.

Your employment/ Volunteer position with Things of My Very Own, Inc., is “at will.” This means that your employment/ Volunteer Position may be terminated at any time, with or without notice, for any reason, with or without cause. Likewise, you may terminate your employment/ Volunteer Position at any time, with or without notice, for any reason, with or without cause. As you can see, “at-will” employment is a two-way street. Nothing in the employee handbook or any other company document should be understood as creating guaranteed or continued employment, termination “for cause”, or of any other guaranteed or continued benefits. Only the President has the authority to make promises with regard to guaranteed or continued employment and any such promises are only effective if placed in writing and signed by the President.

I acknowledge and understand the “at will” nature of my relationship with the Company.

Employee/ Volunteers Signature

Date

Authorization and Release of Liability for Employment/ Volunteer/Contractor Position Related investigations

In applying for employment with Things of My Very Own, Inc., I hereby authorize the Things of my Very Own, Inc., and/or any designated agent including any consumer reporting agency in the Company's behalf, to conduct any desired background investigation of my personal history as allowed by law, and to obtain and review any criminal and civil court findings, consumer credit report, to investigate any action related to employment, and/or any investigative consumer report in conjunction with said investigation.

I understand the nature and scope of said inquiries may include, but is not limited to, verification, inspection and/or reporting of any lawfully available records or information pertaining to work history; education; worker's compensation claims, criminal and civil court related actions; driving history (including traffic related offenses); personal financial status including consumer credit reports; and, any other information available from any public or otherwise documented record, and/or from any past or present business, professional or personal associates, pertaining to, but not limited to, my work history, character, ethics, mode of living, and general reputation.

I hereby fully release the Things of My Very Own, Inc., and any and all of its employees, directors, agents, officers, volunteers, successor and assigns, and any contributing parties or sources from whom any information is obtained, from any and all claims, actions or liability whatsoever which is in any way related to this or any subsequent investigation of my personal history.

I hereby state that all information provided by me to the Things of My Very Own, Inc., in any form, is, to the best of my knowledge, true, correct and complete. I also understand that any known misrepresentation made by me to the Corporation will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment or volunteer position with the Things of My Very Own, Inc., if I am hired and or advanced by the Corporation before such misrepresentation is identified.

I understand that acceptance of any offer or employment does not create a contractual obligation to the Company to continue to employ me in the future, and that my employment, volunteer position, or other applicable relationship with the Corporation is "at-will", for no definite period, and may be terminated at any time either by myself or the Corporation without previous notice.

Signature _____ Date _____

(Applicant)

Print Name _____

Received by the Company:

Signature _____ Date _____

Name and Title _____

Things of My Very Own, Inc.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: _____ **Date of Activity or Event:** _____

Check One: Transitional Aide Programs Services

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Things Of My Very Own AKA Things of My Very own, Inc.,

and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the Things Of My Very Own and their directors, officers, volunteers, representatives, and agents are NOT

responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Things Of My Very Own Organization.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

This contract will be in effect, and will cover ALL programs, services, transitional aide, classes, contact with the Organization

And it's affiliates from the date of it's signing and will be in effect for 22 years following the signature.

If any part of this contract is found unlawful in a court of law I understand that every other part of the contract will remain in effect

And will be protected to the fullest extent of the law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name Age Signature (if under 18 years old, Date
Parent or guardian must also sign)

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name Age Signature of Parent or Guardian Date