APPLICATION FOR EMPLOYMENT

Barnstable County Retirement Association, Massachusetts

Thank you for your interest in employment with Barnstable County Retirement Association (BCRA). BCRA is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with BCRA will be based only on your merit, without regard to race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, or any other class protected by federal, state, or local law.

PLEASE NOTE: The BCRA accepts applications for advertised positions only. Applications must be returned to the emailed by the advertised deadline for consideration.

INSTRUCTIONS: Each question should be fully and accurately answered. Please complete the form and email it along with a cover letter and resume to sholmes@barnstablecountyretirement.org:

Barnstable County Retirement Association Executive Director 750 Attucks Lane Hyannis, MA 02601

GENERAL			
Position applying for:	D	ate of application:	(mm/dd/yyyy)
Referral source:			
☐ BCRA website ☐ Online Ad ☐ BCRA En	nployee	Relative	Employment Agency
☐ PERAC website Walk-in ☐ Other ☐			
Name of source (if applicable):			
Date available for work: (mm/dd/yyyy)			
PERSONAL			
Name: (first) (middle) _			
Address: (Street)			
Mailing: (if different)			
City: State:		Zip:	
Phone: Home Cell	Email:	<u>-</u>	
Are you age 18 or older? Yes No			
Have you worked in the Public Sector? Yes If yes: System:	No		
Dates of service: From: To:	_ mm/dd/yy	ууу)	
Were you in the U.S. Armed Forces? Yes No			
If yes, which branch?			
Dates of service: From: To: (n	nm/dd/vyvy		

PRESENT AND PRIOR EMPLOYMENT

Please list below employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time between employment.

A resume must be attached but DO NOT refer to the resume when completing all sections of this application. Use additional sheets if necessary.

MOST RECENT EMPLOYMENT

EMPLOYER		
Name:		May we contact this employer? Yes No
Street Address:		
City:		
State:	Zip:	
Phone:		
Type of Business:		
Supervisor:		
POSITION Title:		
Employment Dates: From:		(mm/dd/yyyy)
Description of Duties:		
Reasons for leaving or seeking	other employment:	
PREVIOUS EMPLOYMEN	NT	
EMPLOYER		
Name:		May we contact this employer? Yes \(\simega\) No \(\simega\)
Street Address:		
City:		
State:		
Phone:	_	
Type of Business:		
Supervisor:		
POSITION Title:		
Employment Dates: From:	To:	(mm/dd/yyyy)
Reasons for leaving or seeking	other employment:	
5	1 2	

PREVIOUS EMPLOYMENT

EMPLOYER		
Name:		May we contact this employer? Yes No
Street Address:		
City:		
State: Z		
Phone:		
Type of Business:		
Supervisor:		
POSITION Titles		
Title:Employment Dates: From:		(mm/dd/yyyyy)

Description of Duties		
Reasons for leaving or seeking oth	ner employment:	
PREVIOUS EMPLOYMENT	Γ	
EMPLOYER		
Name:		
Street Address:		
City:		
State: Z	Zip:	
Phone:		
Type of Business:Supervisor:		
Supervisor.		
POSITION		
Title:		
Employment Dates: From: Description of Duties:		(mm/dd/yyyy)
Reasons for leaving or seeking oth	ner employment:	
Have you ever been terminated or	asked to resign f	from any position? Yes No No
If yes, which position?		
Explain:		

SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS

Do you have experience with the following software?	
Word Processing: Yes No Retirement System (i.e. PTG): Yes	No
Spreadsheets: Yes \(\square\) No \(\square\)	
Database: Yes \square No \square	
Database: Yes L. No L.	
Driver's license #: State:	
Expires: (mm/dd/yyyy) Class:	
Special qualifications and skills (licenses or certificates, memberships in <i>professiona</i>	l organizations, etc.)
EDUCATION	
	Graduated?
High School	
Name:	Yes No
Address:	
Vocational School	
Name:	Yes No
Address:	
Major (s):	
Degree:	
Undergraduate College	
Name:	Yes No
Address:	
Major (s):	
Degree:	
Graduate College	
Name:	Yes No
Address:	
Major (s):	
Degree:	
Additional education and/or vocational, technical or military training:	

REFERENCES

Applicant Signature:

Please provide three (3) PROFESSIONA	<u>AL</u> references.	References should	be <u>former supervis</u>	ors who can
comment on your past job performance.	You will be n	otified before refere	nces are contacted	

Name and occupation	Name of Organization	Phone
1)		
2)		
3)		
OTHER INFORMATION		
Are you able to provide documented to work in the United States? Yes	d proof of U.S. citizenship or valid work per No	mit as required upon employment
Please review the functions of the possible essential duties of the position for w	osition as outlined in the job description. As which you are applying? Yes No	re you able to perform all of the
APPLICANT'S CERTIFICAT	ION	
I authorize the Barnstable County Resthis application and to secure any neinstitutions, and law enforcement againstitutions, and law enforcement againformation about my employment hat any false answers or statements be sufficient for rejection of my applediscovered after I am employed. I use and that BCRA has an obligation to allowed to work in the United States resident status or employment authorunderstand that BCRA follows an "eBCRA's statements of personnel guidents."	e in this application are true and complete unetirement Association (BCRA) to investigate cessary information from all prior employer encies. I release all of those persons, employer encies from any and all liability arising from history, academic credentials, qualifications, or misrepresentations by omission made by lication, revoking of an offer or for my immederstand that federal law prohibits the emp make sure all employees, regardless of citizes. All persons hired must submit satisfactory rization and that failure to submit proof will employment at will" policy and nothing in the delines or in my communication with any B outract between BCRA and me. I understand me.	e all statements made as part of its, references, academic yers, references, academic in their giving and receiving or criminal record. I understand me as part of my application will ediate dismissal should one be loyment of unauthorized aliens enship or national origin, are proof of citizenship, permanent result in denial of employment. In this employment application, in the CRA employee or official is
may be required to furnish additional examination, that I may be subject to Record Inquiry (CORI check) and/ordriving record or verify my license(semployment. As a condition of employment.	ty Retirement Association, I understand that I or updated medical information, that I may o drug and/or alcohol testing, that BCRA may r Sex Offender Registry Information (SORI s) or certification(s) as required for employed loyment an employee may be required to proave the necessary information for making a	be required to undergo a physical by require a Criminal Offense Check) on me, investigate my nent at any time during my byide additional or updated
My Signature Certifies That I Have In This Application For Employmen	Read and Agree With The Above Statement at.	ts And All Statements Contained
Applicant Name (Please Print):		

Date: _____