



## **Caring Solutions, LLC**

### ***Application for Employment***

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you fully vaccinated against COVID-19? \_\_\_\_Yes \_\_\_\_No Have you received your booster shot? \_\_\_\_Yes \_\_\_\_No

.....

**Employment History:** *(List most recent employer first. Account for all periods of time. You may include any verified volunteer work below.)*

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_Yes \_\_\_\_No

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_Yes \_\_\_\_No

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Education:**

High School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Additional Training or Skills (Language, programming, clerical, trade licenses, certifications, etc...):**

**References:** *(Please list co-workers, supervisors, or instructors. Please do NOT list friends or relatives.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that any misrepresentation on this application may be reason for immediate dismissal, and that permanent employment depends on satisfactory replies from references and criminal record check. Caring Solutions will conduct a pre-employment drug test.

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

**Caring Solutions, LLC**  
131 Elm Street, West Springfield, MA 01089  
Phone: 413-733-5588 // Fax: 413-733-5589

## ***Confidential Work Reference Request Form***

---

**To be filled out by Applicant**

---

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

Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_

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

---

To Whom it May Concern,

The above-named applicant has indicated that they were in your employ presently or in the past. Your evaluation of them is sincerely appreciated and will be held in complete confidence. Both the applicant and Caring Solutions, LLC will benefit from a prompt response from you as employment is pending. Thank you in advance for your cooperation in this matter.

---

**To be filled out by Current/Former Employer**

---

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Would you rehire? \_\_\_\_\_ If no, why? \_\_\_\_\_

**PLEASE CIRCLE ONE**

Quality of Work:	Good	Adequate	Poor
Attendance:	Good	Adequate	Poor
Cooperation:	Good	Adequate	Poor
Initiative:	Good	Adequate	Poor

Other comments:

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# ***CORI Consent Form***

**Caring Solutions, LLC**

Caring Solutions, LLC will be requesting all the criminal offender record information on the individual signed below from the Criminal History Systems Board pursuant to Chapter 6 172C that mandates agencies which employ or accept as volunteer or refer for employment an individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly or disabled persons or access to such person's files shall obtain all available CORI for the Criminal History Systems Board prior to employing such individual as a volunteer or referring such individual for employment.

I, the undersigned, consent to Caring Solutions, LLC conducting a CORI Background Check as a condition of employment.

I understand that this information will not be shared with any other party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Please do NOT write below this line – Employer Only**

\_\_\_\_\_

CORI check completed on: \_\_\_\_\_ by: \_\_\_\_\_  
Date Authorized Representative

CORI Reference Number: \_\_\_\_\_



# Chapter 6 172C CORI Request Form

Caring Solutions, LLC

Caring Solutions, LLC will be requesting all the criminal offender record information on the individual signed below from the Criminal History Systems Board pursuant to Chapter 6 172C that mandates agencies which employ or accept as volunteer or refer for employment an individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly or disabled persons or access to such person's files shall obtain all available CORI for the Criminal History Systems Board prior to employing such individual as a volunteer or referring such individual for employment.

## Applicant/Employee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Race (Please circle):      American Indian      Asian      Black      Unknown      White

Current and Former Address: \_\_\_\_\_

Father's First and Last Name: \_\_\_\_\_

Mother's First and Last Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

\*The information was verified with the following form of government issued photographic identification.

Requested by: \_\_\_\_\_

Signature of CORI Authorized Employee

Revised: 07/06/2022

