



*Building Strength, Hope & Resiliency*

**INTERN**

## **Application Packet**

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

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

Program: \_\_\_\_\_



**REFERENCES**

**List two previous, immediate supervisors and one personal reference:**

<b>References</b>	<b>Company</b>	<b>Address</b>	<b>Telephone #</b>
Name:			
Name:			
Name:			

**ACKNOWLEDGEMENTS / SIGNATURE**

Read carefully before signing.

1. I understand that receipt of this application does not mean that I will be employed.
2. The statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time Wayside discovers any falsification, omission or misrepresentation of fact in this application.
3. I understand that employment with Wayside is at-will. If hired, I may resign at any time, and Wayside has the right to terminate my employment at any time, with or without cause. I understand that no one other than the President and CEO of Wayside or his or her designee is empowered to change this, and any such change must be in writing. I understand that neither this application, nor any Wayside policies or procedures, or any other documents given to employees or published online for their use, changes the at-will nature of employment with Wayside.
4. Should I be employed by Wayside, I agree to comply with all policies and procedures of Wayside. I understand that Wayside has the right to change its policies and procedures at any time.

***My signature certifies that I have read and agree with the above statements.***

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

All information acquired through this application process will be used by Wayside Youth & Family Support Network for the sole purpose of determining the applicant's qualifications for employment

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An Employer who violates this law shall be subject to criminal penalties and civil liability.

# Applicant's Authorization to Conduct Background Check



I authorize Wayside Youth & Family Support Network, or a consumer reporting agency on its behalf, to conduct a background inquiry to verify the statements and information provided by me, including on my application, and to determine other background facts, including prior employment, criminal convictions, motor vehicle history, consumer credit record, and any and all public records to the extent permitted by law. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to Wayside Youth & Family Support Network. I hereby release any individual, agency, and Wayside Youth & Family Support Network from all claims or liabilities that may arise from the disclosure of such information.

*My signature certifies that I have read, understand and agree with the above statements.*

Date of Birth (*for identification  
purposes only*) \_\_\_\_\_

Print Full Name \_\_\_\_\_

(please include maiden or former name if used in the last seven years)

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Applicant's Emergency Contact Information



Name of Intern: \_\_\_\_\_

Person to call in case of emergency:

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

Relationship to Applicant: \_\_\_\_\_

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

\_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_



# CORI Request Form



## CORI REQUEST FORM

Wayside Youth & Family Support Network, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested, not required)

\_\_\_\_\_  
\*ID Theft Index PIN  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

\*\*\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.