



# Application for Fee For Service Contract- LCSW, LICSW, LADC I, LMFT, LMHC, Outreach Clinician, IHT Clinician, TT&S and Therapeutic Mentoring Positions.

(Fully complete both pages and attached all requested doc. Must be have a signed CORI form). Date of Application \_\_\_\_\_ 20\_\_

**Please Print**

Social Security Number		Last Name		First Name		Middle Name	
Address (street number and name)				City		County	
State	Zip Code	Phone/ Cell /Home:			Email:		

Position Applied For: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month) (day) (year)      Driver's License Number \_\_\_\_\_

Have you ever been convicted of breaking a law other than a minor traffic violation?

YES       NO

If yes, give the date and explain fully on an additional piece of paper if more space is needed

Have you ever had a Department of Social Services (DSS) substantiation?

YES       NO If yes, list county/State and give the date and explain fully on an additional piece of paper if more space is needed

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

## Education

Schools	Name and Location	Dates	Coursed of Study	Degree/Diploma
High School				
		to		
College or University		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational		to		
		to		
		to		
		to		

Child care training you have completed in the last three years (such as first aid, CPR, CDA, ITS-SIDS, etc.):

\_\_\_\_\_

\_\_\_\_\_

## References

List the names, addresses and phone numbers of two people we may contact as references:

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## Work History

(List child/therapeutic Services first)

Current or Last Employer			Address		
Job Title			Supervisor's Name		No. Supervised by you
Date Employed (mo/yr)	Starting Salary \$ Per	Ending Salary \$ Per	Reason for leaving		May we contact employer? yes                      no
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours per week					

Languages spoken: \_\_\_\_\_

Specialities/Certifications \_\_\_\_\_

\*\*\*We require the following documents to be submitted along with this completed and signed application: A copy of your resume in Word format, copy of your professional licenses if you have any, a copy of your degree or college transcript., copy of completed and signed CORI request form\*\*

Tell us a little about what attracted you to this position and how you will strengthen our team? \_\_\_\_\_

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Print Full Name of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



## Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

\_\_\_\_\_ is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to \_\_\_\_\_  
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_  
(Organization)  
with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:**

The \_\_\_\_\_ may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that  
\_\_\_\_\_, must first provide me  
(Organization)  
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_

*Signature of CORI Subject*

\_\_\_\_\_

*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verified by:

\_\_\_\_\_

*Print Name of Verifying Employee*

\_\_\_\_\_

*Signature of Verifying Employee*

\_\_\_\_\_

*Date*