



The BiNA Farm, Inc. 207 Union Street Natick, MA 01760 Tel: 508-651-2462(BiNA) Fax:508-651-2463

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____

Address: _____

Phone (home): _____ Phone (cell): _____

Email Address: _____

Date Available: _____ SSN: _____ - _____ - _____

Position applied for: _____

Are you a citizen of the United States?	YES	NO	
If no, are you authorized to work in the US?	YES	NO	
Have you ever worked for this non-profit?	YES	NO	If so, when? _____
Have you ever been convicted of a felony?	YES	NO	If so, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Degree Earned: _____

Graduate Program/Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Degree Earned: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain:

EAAT, Horsemanship, Sustainable Living, Creative & Complementary Therapy Experience

Please list what experience you have with Equine Assisted Activities and Therapies, Sustainable Living, or Complementary therapies (Art, Music, Yoga, etc.)

_____ Dates: _____

_____ Dates: _____

What other experience which pertains to our program do you have?: _____

(EAAT, Horsemanship, Sustainable Living, Creative & Complementary Therapy Experience continued)

Special Skills & Certifications: _____

Are you NARHA certified? _____ Date of Certification: _____

Are you MA Riding Instructor licensed? Yes No Date of license: _____

Employment History (Please attach resume)

Company Name: _____ Address: _____

Phone Number: () _____ Supervisor Name: _____

Job Title: _____ Starting Salary: \$ Ending Salary: \$

Date of Hire: _____ Date of last day of employment: _____

Reason for Leaving: _____

May we contact your previous supervisor: YES NO

Company Name: _____ Address: _____

Phone Number: () _____ Supervisor Name: _____

Job Title: _____ Starting Salary: \$ Ending Salary: \$

Date of Hire: _____ Date of last day of employment: _____

Reason for Leaving: _____

May we contact your previous supervisor: YES NO

Please List Three Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Email: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application may result in my release.

Signature: _____

Date: _____



The BiNA Farm 10 West Central Street Natick, MA 01760

CHAPTER 6, §172H CORI REQUEST FORM

The BiNA Farm is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT/EMPLOYEE INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID Theft Index Pin
(Requested by not required) (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)

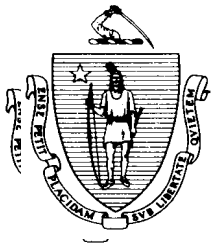
***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

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



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 Executive Office of Health and Human Services
 Department of Public Health
 Massachusetts Hospital School



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CORI REQUEST FORM

EOHHS Human Resources Office Metro South – Canton 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
 (Unless otherwise preempted by law)

PLEASE PRINT

 LAST NAME FIRST NAME MIDDLE NAME

 MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

 DATE OF BIRTH SOCIAL SECURITY NUMBER * ID Theft Index PIN
 (Requested but not required) (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 Identity 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.

NOTICE TO FINAL CANDIDATES

In the event that a CORI investigation returns a record with a criminal history that is relevant to the duties of the position being sought, the CORI results may be utilized by a qualified mental health professional in order to make a determination regarding whether or not the candidate poses an unacceptable risk of harm to the clients of the agency, in accordance with 101 CMR 15.09.