



proPartnerships


Instructions for *Direct Service Professional* Employment Application

Employer Name: _____ Date: _____ Applicant Name: _____

PLEASE NOTE: These completed documents *must* be received by proPartnerships *before* an offer of employment can be extended. Please submit via email at:

propartnerships@arcnbc.org or *in person* at 36 Thurber Blvd, Smithfield RI

Part One

Section A-Employer Completes:	Additional Documents Required	Date processed by proPartnerships
Mandatory Reference Check (Employer fills this out NOT proAbility)	NONE	
PAYROLL STATUS/CHANGE FORM (Employer must sign & list starting pay rate)	NONE	
Section B-Applicant Completes:		
Employment Application Form	NONE	
ORIGINAL COPY BCI FROM RI ATTORNEY GENERAL'S OFFICE, WITH EMBOSSSED SEAL	Original BCI	
IF APPLICANT WILL BE TRANSPORTING EMPLOYER PLEASE PROVIDE ALL 4 ITEMS FROM DOCUMENTS COLUMN 	A) Unexpired Driver's License B) Valid Vehicle Registration C) Valid Vehicle Insurance D) Valid Vehicle Inspection (photo of stickers acceptable for Registration and Inspection)	
DIRECT DEPOSIT FORM & BANK INFO	Voided check OR secondary bank account verification (photo of voided check acceptable)	
Form I-9: Page 1, Section 1 <i>only</i> Important: Section 2 is completed and signed by proPartnerships, NOT the Employer	Acceptable ID 1 from List A OR 1 <i>each</i> Lists B AND C on the attached "Acceptable Documents List"	

Part Two

All items listed above **MUST** be submitted for this application to be considered. Once the above documentation is received & processed by proPartnerships the applicant will receive an email from Paycor.com (payroll processor) for registration and onboarding paperwork within approx. 7-10 days. Swift completion of Paycor Registration & onboarding is necessary to receive clearance regarding effective date of hire. No shifts can be worked with the employer until clearance has been communicated by proPartnerships. Please reach out via email if you need clarification. Thank you.



TELEPHONE CALL EMPLOYMENT REFERENCE CHECK

I give permission for the reference to release information about me either verbally and/or in writing to _____. I consent to allowing the Self-Directed Employer to call or write the reference in order to confirm reference information.

Signature of applicant

Date

Applicant Name: _____

Reference's Name: _____ Phone: _____

Reference's Title: _____ Company: _____

Dates of Employment: From _____ To _____

Position(s): Hired _____ Last _____

Was Applicant punctual and ready for work? _____

Describe job duties and overall performance. _____

Describe overall reliability. _____

Why did applicant leave your employ? _____

Would you rehire applicant? If not, why? _____

Is the applicant suitable for the type of work for proPartnerships, why or why not? _____

Did reference refuse to give reference over the phone? _____

Additional Comments: _____

Reference completed by: _____ Date: _____

REFERENCE CHECKS ARE A PRE-HIRE REQUIREMENT. This document must be fully completed, dated and signed for each applicant and returned with the packet. No new employee will be processed for hire without the reference check completed by the employer.

THANK YOU



Achieve with us.

PROPARTNERSHIPS



PAYROLL STATUS/CHANGE FORM

EMPLOYER TO COMPLETE

Employee Name <input type="text"/>		
New Hire <input type="checkbox"/>	Per Diem <input type="checkbox"/>	Resigned <input type="checkbox"/>
Lay Off <input type="checkbox"/>	Termination <input type="checkbox"/>	Eligible for Rehire Yes / No
Change <input type="checkbox"/>	Effective Date of Payroll Status/Change <input type="text"/>	

New Hire Information

Address <input type="text"/>		
Phone Number <input type="text"/>		
Job Title <input type="text" value="DOMESTIC SERVICE WORKER"/>		
Full Time (35-40 hrs) <input type="checkbox"/>	Part Time (20-34 hours) <input type="checkbox"/>	Limited Part Time (< 20 hrs) <input type="checkbox"/>
Exempt <input type="checkbox"/>	Non-Exempt <input type="checkbox"/>	Total hrs. per week <input type="text"/>

Changes Completed	From	To	Comments
Name			
Address			
Phone			
Status			
Hours of Work			
Job Title			
Pay Rate 1			
Pay Rate 2			
Pay Rate 3			

Employer Signature _____

Date _____



How to Obtain a BCI

To obtain your BCI, you must go to the Bureau of Criminal Investigation at:

Office of the Attorney General

4 Howard Avenue

(corner of Pontiac Ave. & Howard Ave.)

Cranston, RI 02920

401-274-4400

Hours of Operation

Monday – Friday

8:30 a.m. – 4:30 p.m.

Last registration @ 4:15 p.m.

Walk in service only, register from parking lot and wait to be called in.

Cost: Current cost is \$5.00 + fees (\$5.60)

At this time they are **ONLY** accepting

Payment by Credit or Debit

NB: PLEASE be certain that the **embossed seal** is present on the Attorney General's signature on bottom left corner before leaving. We cannot accept your BCI without it.



DATE ____/____/____



Achieve with us.

APPLICATION FOR EMPLOYMENT

The Arc of Bristol County dba proAbility is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____
Last First Middle

Address _____
Street City State/Zip

Phone(_____) _____ Referred by _____

Cell phone (_____) _____ Email address _____

POSITION APPLYING FOR _____ **Start Date** ____/____/____

Full Time _____ **Part Time** _____ **Specify Hours** _____ **Salary Desired** _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain: _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Have you ever been employed at The Arc of Bristol County dba proAbility? When? _____

Are you willing to work overtime? Yes _____ No _____

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Y _____ N _____

If you are a minor, can you produce the work certificate necessary to obtain employment? Y _____ N _____

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S. Y _____ N _____
(Verification and completion of form 1-9 must be submitted no later than 3 business days from date of hire.)

LIE DETECTOR NOTICE

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.

Please note that upon an accepted offer of employment The Arc of Bristol County d/b/a proAbility will conduct both a CORI and BCI background check.

Educational Background	Name and Location of School	Circle Highest Grade Completed	Major Area of Study
High School		9 10 11 12 / GED	
College		1 2 3 4	
Trade, Business or Graduate School			
Specialized Skills			
Certifications / Trainings (Effective/Expiration Dates)	1.	2.	3.

WORK EXPERIENCE

Please list your last three employers, starting with present or last place of employment. You may include any verifiable work performed on a volunteer basis, Internships or military service.

Dates MO / YR	Employer Name, Address & Phone	Position	Supervisor	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES: Please give the names of three additional work-related references that we may call. We will need the names and contact information of at least two of your current/previous manager/supervisors to use as references. Please do not list relatives. Individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Certification – Please Read Carefully

I understand that this application is not a contract, offer, or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at any time, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.* I release all parties from any liability arising out of this provision and the use of such information.

APPLICANT'S SIGNATURE _____ **DATE** _____

*Federal law requires a separate release form when obtaining Consumer Credit Reports



Employee Direct Deposit Form

Employee Name: _____
(Please Print)

Social Security No. ____ / ____ / ____

Check one: ☐ New or Additional Account

☐ Change Account

I would like my wages/salary deposited to the following account(s)

Bank Account #1

Bank Name: _____

Check one: ☐ Checking

☐ Savings

Routing# _____

Account# _____

☐ Entire Net Pay ☐ Specific Dollar Amount \$ _____

Bank Account #2

Bank Name: _____

Check one: ☐ Checking

☐ Savings

ABA# _____

Account# _____

☐ Entire Net Pay ☐ Specific Dollar Amount \$ _____

Employee Signature

Date

PLEASE PROVIDE VOIDED CHECK OR OTHER PRINTED CONFIRMATION OF BANK ROUTING AND
ACCOUNT NUMBER TO PREVENT TYPOS. DIRECT DEPOSIT WILL NOT BE PROCESSED OTHERWISE.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<div>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</div> <div>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) If you check Item Number 4., enter one of these: USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance</div>						
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative Johnson, Sharon - proPartnerships Coordinator		Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name The Arc of Bristol County dba proAbility	Employer's Business or Organization Address, City or Town, State, ZIP Code 36 Thurber Blvd Smithfield, RI 02917	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
<p style="text-align: center;">Acceptable Receipts</p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List B document. 		<ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.