



## PER DIEM APPLICATION (Day Laborer, Contractor, Site Supervisor)

Cooperative Metropolitan Ministries provides equal employment opportunities to all employees and applicants for contracted employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

To help us learn about your building trades experience, abilities, and interests, please complete this Per Diem Application for Day Laborers, Contractors and Site Supervisors as thoroughly as possible.

### PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Phone #	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ( )
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Are you over 18?    If hired temporarily as a site supervisor, or per diem painter, do you have a reliable means of transportation to get to jobsite? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please explain:  (A conviction will not necessarily disqualify you.) If applicable please explain here, and attach any relevant documentation.		

Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation?  YES  NO

Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:

**REQUIRED: Email Address:** \_\_\_\_\_

## EMPLOYMENT DESIRED

Type of Per Diem POSITION desired:	Date Available	Hourly/Daily Rate Desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied at CMM before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been contracted or employed by CMM before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? In what capacity (If applicable)	
How were you referred to Cooperative Metropolitan Ministries: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below)		
Name of Employee _____		

## EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
High School				
College/University				
Highest Degree Earned – Please attach a photocopy of either a school transcript or diploma. (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information relevant to the per diem position for which you are applying. Also, please describe your foreign language skills below (if applicable).				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
Licensed Massachusetts Contractor Number: _____				
		Computer Skills, i.e. Microsoft Office-Word, Excel, Outlook, etc.	<input type="checkbox"/> Other machines requiring special skills:	

## U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

## EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST	PERSONNEL USE ONLY	
Homeowner/Company Name	Dates of Contracted Employment From (Mo/Yr) To (Mo/Yr)	

Phone No.			
Address of jobsite (Include Street, City, State, Zip Code)			
Job Start-Date	Job End-Date	Base Rate of Pay (Per Day)	
Homeowner/Supervisor (Name)			
Description of Job Duties/Responsibilities			
<b>Homeowner/Company Name</b>		Dates of Contracted Employment From (Mo/Yr) To (Mo/Yr)	
Phone No.			
Address (Include Street, City, State, Zip Code)			
Job Start-Date	Job End-Date	Base Rate of Pay (Per Day)	
Homeowner/Supervisor (Name)			
Description of Job Duties/Responsibilities			
<b>Company Name</b>		Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Phone No. ( )			
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			
<b>Company Name</b>		Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Phone No. ( )			
Address (Include Street, City, State, Zip Code)			
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final	
Supervisor (Name & Title)			
Description of Job Duties			

## REFERENCE DATA

### PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

First and Last Name	email	Phone

### PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the contracted position applied for at present and that CMM is not obligated to retain or consider this application for future openings.

\_\_\_\_\_  
Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize CMM to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

\_\_\_\_\_  
Initial

If contracted by CMM, I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my contracted position requires me to drive in the course of my work.

\_\_\_\_\_  
Initial

If contracted by CMM, I understand my contracted position can be terminated, with or without cause and with or without notice, at any time at the option of CMM or myself. I understand that, other than the Interim Executive Director of CMM, no manager, supervisor or representative of CMM has authority to enter into any agreement for contracted services/employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the ED of CMM has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will contracted position relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any contracted services relationship between me and CMM.

\_\_\_\_\_  
Initial

***T-Shirt Size Circle One: Small Medium Large XLarge XXLarge***

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

**My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and CMM concerning the nature of my employment, if any, by CMM and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and CMM. I understand and agree that, except as noted above, no person who is either an agent or employee of CMM may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.**

\_\_\_\_\_  
Applicant Signature (REQUIRED)

\_\_\_\_\_  
Date of Application (REQUIRED)

**FOR CMM EXECUTIVE OFFICE USE ONLY**

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interim Executive Director Signature

\_\_\_\_\_  
Date

**Please forward completed application to: Sophia Bishop-Rice, Interim Executive Director, via email:  
[sophiarice@coopmet.org](mailto:sophiarice@coopmet.org)**