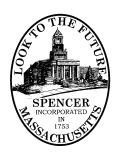


SPENCER COUNCIL ON AGING SENIOR COMMUNITY SERVICES PROGRAM EMPLOYEE ENROLLMENT FORM

Social Security #				
Hire Date				
Phone Number				
Hourly Rate				
eduction 7.5% • Medicare Deduction 1.45%				
ong with a copy of the Town's Sexual Harassment rm.				
d that as a wage-earning employee, I am entitled to is. I hereby waive my right to be paid accordingly twice yearly to be used to pay my real estate y earn a maximum of \$1,000.00 which will be paid				
Date:				
y :				
Date:				



SPENCER COUNCIL ON AGING SENIOR COMMUNITY SERVICES PROGRAM APPLICATION

Section I

Name of Applicant	
Address	
Telephone Number_	Date of Birth

- 1) Applications will be considered only when filled out completely and accompanied by a copy of the applicant's most recent property tax bill and verification of all income.
- 2) Application must be filled out as completely as possible using the exact figures from the applicant's income tax form from the previous year. (If applicant did not file taxes, they must submit an estimate of their gross annual income from the previous year).
- 3) Eligibility is subject to age and residency conditions, as well as meeting the income guidelines established by the Council on Aging and the ability to place the applicant in available positions.
- 4) Applicants are required to submit a copy of their most recent tax return and other documentation as requested. Liability documentation may be requested.
- 5) Applicants whose income exceeds the cap established by the Council on Aging will be considered only after February 1st on a case by case basis.
- 6) The Council on Aging Director will help place applicants based on the skills and interests of the applicants and the needs of the various departments. Attention is paid to individual preferences. However, it may be impossible for all applicants to get their first choice.

- 7) Applicants have the right to refuse the first placement. Each applicant will be entitled to only two (2) interviews.
- 8) The applicant will be paid at the Massachusetts Minimum Wage currently at \$12.00 per hour, not to exceed the maximum \$1,000.00 per calendar year.

I, the undersigned, hereby understand that as a wage-earning employee, I am entitled to be paid on a weekly or bi-weekly basis. I hereby waive my right to be paid accordingly and agree to receive compensation twice yearly to be used to pay my real estate property tax. I understand that I may earn a maximum of \$1,000.00 which will be paid twice yearly as stated above.

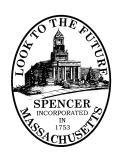
Applicant Signature:	Date:
000000000000000000000000000000000000000	
Human Resource & Benefits Use Only	:
Received by:	Date:



SPENCER COUNCIL ON AGING SENIOR COMMUNITY SERVICES PROGRAM APPLICATION

Section II

Part A: Job placements would be avaindicate in which areas you would like	ilable in a variety of town departments. Please			
Fire Station	Town Clerk			
Library	Town Hall Utilities & Facilities			
Parks & Recreation				
Police Station	Other			
Senior Center				
Part B: Please discuss past experience participant in the program:	e and types of skills that might qualify you as a			
Do you have a valid driv	ver's license? Yes □ No □			
Part C: Do you have any medical rest assignment? Please explain:	trictions which might affect a working			
be physically or cognitively challenged.	onable accommodation for participants who might			
FOR OFFICE USE ONLY:				
Received by:	Date Received:			
Part D: Disposition of application: G	ranted Denied Placement			
If denied, indicate reason:				
Town of Spencer Signature:	Date:			
Council on Aging Signature:	Date:			



SPENCER COUNCIL ON AGING SENIOR COMMUNITY SERVICES PROGRAM APPLICATION

Section III

CONFIDENTIAL

	COMIDE	111111		
Part A: Eligibility Requirement	ts – Please ans	wer all of the	following que	stions:
I am over age 62			Yes □	No □
I or my spouse own the home in which I/we legally reside				
I am a Spencer resident				
I meet the low income guid				
I meet the very low income				
No. in Family	1 Person	2 Persons	3 Persons	
Low Income		\$ 49,200		
Very Low Income	\$ 26,900	\$ 30,750	\$ 34,600	
Part B: Gross receipts from all s Retirement benefits (Soc	cial Security, I	Railroad, Fed	eral,	•
Massachusetts and l		,	\$	
Other Pensions and Ret			\$	<u>-</u>
Wages, Salaries and Other Compensations			\$	
Net Profits from Business or Profession			\$	
Interest and Dividends			\$	
Other Receipts (Rent, C	apital Gains, e	etc.)	\$	<u>-</u>
Applicant Signature:			_Date:	
000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	100000000000000000000000000000000000000	100000000000000000000000000000000000000
Human Resource & Benefits Use	e Only:			
Received by:			Date:	
Approved by:	Date:			