



Position	Hourly Rate
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Pay Frequency – Annually • OBRA Deduction 7.5% • Medicare Deduction 1.45%

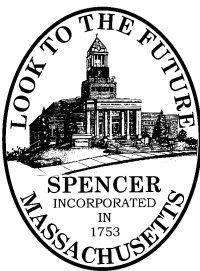
A part-time new employee packet along with a copy of the Town's Sexual Harassment Policy must be completed with this form.

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:** _____

Human Resource & Benefits Use Only:

Received by: _____ 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:**_____

[illegible]

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Part A: Job placements would be available in a variety of town departments. Please indicate in which areas you would like to work.

Part B: Please discuss past experience and types of skills that might qualify you as a participant in the program:

Part C: Do you have any medical restrictions which might affect a working assignment? Please explain:

The Town of Spencer will make a reasonable accommodation for participants who might be physically or cognitively challenged.

Council on Aging Signature: _____ **Date:** _____

Approved by: _____ **Date:** _____