## **Application for Employment**

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age, and disability, military or veteran status, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also 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 PRINT)  Date of Application						
Position(s) Applied For						
Referral Source:   Advertisement   Friend   Relative   Walk-In   Employment Agency  On-Line   Company Web Site   Other						
- On-Eme - Company web site - Other -						
NameLAST FIRST MIDDLE						
Address NUMBER STREET CITY STATE ZIP						
Telephone ( ) Cell Phone ( )						
Are you under 18? $\square$ Yes $\square$ No						
If employed and you are under 18, can you furnish a work permit? $\Box$ Yes $\Box$ No						
Have you filed an application here before? ☐ Yes ☐ No  If yes, give date						
Have you ever been employed here before? ☐ Yes ☐ No If yes, give date						
Are you employed now?   Yes   No  Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?   Yes   No  May we contact your present employer?   Yes   No  (Proof of authorization to work and of your identity will be required upon employment)						
On what date would you be available for work?						
Are you available to work $\square$ Full Time $\square$ Part Time $\square$ Shift Work $\square$ Temporary $\square$ Over Time						
Are you on a lay-off and subject to recall? $\Box$ Yes $\Box$ No						
Can you travel if a job requires it? $\square$ Yes $\square$ No						

COMPLETE THIS SECTION ONLY IF CHECKED							
Indicate what languages (including English) you speak, read, and/or write.							
FLUENTLY GOOD FAIR							
Speak							
Read							
Write							
	REFERENC	ES					
Give name, address and telephone n	number of three references who	are not related to y	you. (previous employers preferred)				
NAME	ADDRESS		PHONE NUMBER				
Special Skills and Qualifications							
Summarize special skills and qual	ifications acquired from emp	loyment or other e	xperience —				

## **Employment Experience**

Start with your present or last job. You may elect to include military service assignments. Provide any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, marital status, results of genetic testing, national origin, age, disability, military status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Hourly Rate	e/Salary	
Job Title	Starting	Final	
Supervisor	Dates Empl	oyed	
Reason for Leaving	Starting	Final	
Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Hourly Rate	e/Salary	
Job Title	Starting	Final	
Supervisor	Dates Empl	oyed	
Reason for Leaving	Starting	Final	
	Phone		
Employer	Phone		Work Performed
Employer Address	Phone FAX		Work Performed
		e/Salary	Work Performed
Address	FAX	e/Salary Final	Work Performed
Address  City, State, Zip	FAX Hourly Rate	Final	Work Performed
Address City, State, Zip Job Title	FAX Hourly Rate Starting	Final	Work Performed
Address  City, State, Zip  Job Title  Supervisor	FAX Hourly Rate Starting Dates Empl	Final oyed	Work Performed  Work Performed
Address  City, State, Zip  Job Title  Supervisor  Reason for Leaving	FAX Hourly Rate Starting Dates Empl Starting	Final oyed	
Address  City, State, Zip  Job Title  Supervisor  Reason for Leaving  Employer	FAX Hourly Rate Starting Dates Empl Starting Phone	Final  Oyed  Final	
Address  City, State, Zip  Job Title  Supervisor  Reason for Leaving  Employer  Address	FAX Hourly Rate Starting Dates Empl Starting Phone FAX	Final  Oyed  Final	
Address  City, State, Zip  Job Title  Supervisor  Reason for Leaving  Employer  Address  City, State, Zip	FAX Hourly Rate Starting Dates Empl Starting Phone FAX Hourly Rate	Final  Oyed  Final  e/Salary  Final	

## **Education**

	Elementary		High	Scho	ool	Co	ollege/	Unive	ersity	Gra	duate/	Profe	ssional
Name of School													
Years Completed (please Circle)	4 5 6 7 8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree													
Describe Course													
of Study													
Describe Spec-													
ialized Training,													
Apprenticeship,													
Skills, and Extra-													
Curricular													
Activities													

Honors Received:

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Signature of Applicant			Date				
FOR HUMAN RESOURCE DEPARTMENT ONLY							
Arrange Inter	view	No					
In	terviewer	Date					
Employed	□ Yes □ No	Date of Employment					
Job Title		Hourly Rate/Salary	Department				
	Ву	Name and Title	Date				