

Application for Employment

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, marital status, genetic information, national origin, age, and disability, military or veteran status, 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 _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone () _____ Cell Phone () _____

Are you under 18? Yes No

If employed and you are under 18, can you furnish a work permit? Yes 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 Full Time Part Time Shift Work Temporary Over Time

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

COMPLETE THIS SECTION ONLY IF CHECKED

Indicate what languages (including English) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
Speak			
Read			
Write			

REFERENCES

Give name, address and telephone number of three references who are not related to you. (previous employers preferred)

NAME	ADDRESS	PHONE NUMBER

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

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, gender identity or expression, transgendered status, marital status, genetic information, national origin, age, and disability, military or veteran status, or being a member of the Reserves or National Guard.

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

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary	High School	College/University	Graduate/Professional
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 Specialized 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 Interview Yes No

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By

Name and Title

Date