

Application For Employment

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity, 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.

(PLEASE PRINT)

Date of Application: _____

Position Applied for: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

On-Line Company Web Site Other: _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone () - _____ Cell: () - _____

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 : _____

Are you employed now? Yes No

May we contact your present employer? Yes No

(Proof of authorization to work and of your identity will be required upon employment)

REFERENCES

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

NAME	ADDRESS	PHONE NUMBER

Employment Experience

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

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

Special Skills and Qualifications:

Summarize any special skills and qualifications acquired from employment or other experience:

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 Special Training, Apprenticeship, Skills, and Extra-Curricular Activities				

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.

MA Gen L ch 149 § 19B: 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.

Signature of Applicant Date

FOR INTERNAL USE ONLY

Arrange Interview Yes No

Interviewer Date

Employed Yes No Date of Employment _____

Job Title Hourly Rate/Salary Department

By _____
Name and Title Date