



Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Location Applying For:	Fitchburg: (Hours 6am-5pm M-F, Sat 8-4)	Leominster: (Hours 8am-9pm M-F, Sat 8-4, Sun 10-2)
Position Wanted:		

Personal Information			
Last, First, MI		Today's Date	
Physical/ Mailing Address	City/ Town	State	Zip Code
Email Address	Cell Phone	Home Phone	
Date you can start work	Salary Desired	Number of Hours Desired	

Availability: Check all that apply and be specific with start and end times: am/pm (Café hours are listed at the top of the form)						
Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Weekdays <input type="checkbox"/>		Weekends <input type="checkbox"/>
Mon: Start	Tues: Start	Weds: Start	Thurs: Start	Fri: Start	Sat: Start	Sun: Start
End	End	End	End	End	End	End

Education History			
	Name & Location of School	Did you graduate?	Subject Studied
High School			
College			
Trade, Continued Ed, etc.			
Additional Info you want us to know about you			



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Employment History: Start with your present or most recent employment and work back. Use separate sheet if necessary.

Job Title 1	Start date	End Date
Company Name	Supervisor's Name	Phone Number
City, State, Zip	Reason for Leaving	
Duties		
May we contact your present employer?	Yes	No
Job Title 2	Start date	End Date
Company Name	Supervisor's Name	Phone Number
City, State, Zip	Reason for Leaving	
Duties		
Job Title 3	Start date	End Date
Company Name	Supervisor's Name	Phone Number
City, State, Zip	Reason for Leaving	
Duties		

References

Name	Address/ City/ State	Phone	Relationship

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature _____ Date _____