

COMPANY NAME

Application for Employment

Applicants for employment are considered without regard to race, color, religion, sex, protected sexual orientation, marital status, national origin, ancestry, age or handicap. 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 Emp. Agency

Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone () _____ Social Security No. _____

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
May we contact your present employer? Yes No

Do you have the legal right to work in the United States? Yes No

(According to Federal Law, work authorization documentation will be required upon employment)

On what date would you be available to work? _____

Are you available for work? Full Time Part Time Shift Work Temp
 Overtime

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

Can you travel if the job requires it? Yes No

Do you have a valid driver's license Yes No

Driving Record: Only for jobs where driving for the company is required.

Have you had any moving violations or at-fault accidents in the past four years? Yes No
If yes, please describe.

What type of license do you hold (regular, commercial, etc.)? _____

REFERENCES

Give name, address, and telephone number of three (3) references.

Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names that indicate race, color, religion, sex or national origin.

1. Employer	Dates Employed From – To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting – Final	
Supervisor		
Reason for Leaving		
2. Employer	Dates Employed From – To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting – Final	
Supervisor		
Reason for Leaving		
3. Employer	Dates Employed From – To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting – Final	
Supervisor		
Reason for Leaving		
4. Employer	Dates Employed From – To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting – Final	
Supervisor		
Reason for Leaving		

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other

Education

	Elementary	High	College/University	Graduate/ Professional
Name of School	<hr/>			
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	<hr/>			
Describe Course of Study	<hr/>			
Describe Specialized Training, Apprenticeship, skills, and Extra-Curricular Activities:	<hr/>			

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 my employer or myself. 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 on this application is true, complete and correct. I authorize _____ to investigate 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 Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Salary/Hourly Rate _____ Department _____

By _____

Name and Title

Date