



## Application for Employment

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.*

**\*\* PLEASE PRINT CLEARLY \*\***

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you find out about this job? ☐ Social Media ☐ Employee ☐ Walk-in ☐ Relative ☐ other

Why are you seeking a new job currently? \_\_\_\_\_

### Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

Describe \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

If position requires driving: DL# \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_ (Proof of U.S. citizenship or immigration status is required if hired.)

Have you been convicted of a crime? (Massachusetts applicants should not include misdemeanor convictions; California applicants should not include marijuana-related convictions that occurred more than 2 years prior to the application date.) Yes No

If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.) \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ If yes, give dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List any special skills or training: \_\_\_\_\_

### Employment Information

Are you seeking full time, part time or temporary employment? \_\_\_\_\_ What hours and shift(s) would you prefer to work? \_\_\_\_\_ List times you are not available to work. \_\_\_\_\_

Are you willing to work overtime? \_\_\_\_\_ Weekends? \_\_\_\_\_ Holidays? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If hired, when would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before? \_\_\_\_\_ If yes, name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Have you ever been discharged or asked to resign from any position? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? \_\_\_\_\_ Please describe which tasks, if any, you will need accommodation to perform, and explain what type of accommodation you will need:

\_\_\_\_\_  
Please describe: \_\_\_\_\_

### Education (circle highest level achieved)

|                                                                                                     |                                                                                                      |                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Elementary: 1 2 3 4 5 6 7 8<br>Name of School: _____<br>_____<br>Location of School: _____<br>_____ | Secondary: 9 10 11 12 G.E.D.<br>Name of School: _____<br>_____<br>Location of School: _____<br>_____ | College: 1 2 3 4 5 6 7 8<br>Name of School: _____<br>_____<br>Location of School: _____<br>_____<br>Degree & Major: _____<br>_____<br>Minor: _____ |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

If in high school, are you enrolled in a recognized co-op program? Yes or No

If yes, identify program and school: \_\_\_\_\_

### Work History (please begin with most recent)

1. Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Briefly describe duties/responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Briefly describe duties/responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Briefly describe duties/responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
4. Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Title: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Briefly describe duties/responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

For reference purposes: Have you worked for any of these organizations or attended school under a different name?

\_\_\_\_\_ If yes, give name and organization(s). \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ if not, list the employers you do not wish us to contact and

## **Authorizations & At-Will Employment Agreement**

**(Please read carefully, then sign and date below)**

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered later. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired. I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

### **AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_