

# 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. 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, marital status, results of genetic testing, national origin, age, disability, military status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

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	
Reason for Leaving	Starting      Final	
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	
Reason for Leaving	Starting      Final	

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

# Education

	High School	College/University	Graduate/Professional
Name of School			
Years Completed			
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