APPLICATION FOR EMPLOYMENT

We considcr applicants far 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? _____ ☐Newspaper ☐Employee ☐Internet ☐Walk-In ☐Other	
Why Are You Seeking A Job At This Time?	

APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:		
City/State/Zip:		
Home Phone #:	CellPhone #:	
If the job you are applying for requires driving: Driver's License?:	State:	Expiration Date:
If hired, do you have reliable means of transportation to get to work?		Describe:
Are vou at least 18 years old?		
If vou are under 18 years of age, can you furnish a work permit?		
Are you legally eligible for employment in the U.S.? _____(Proof of U.S. citizenship or immigration status is required if hired)		
Are you a veteran? ☐Yes ☐No	If yes, give dates of service:	

Have you been convicted of a crime? ☐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.) Massachusetts's 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.)

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:

EDUCATION *(**Circle** highest level achieved)*

Elementary; 1 2 3 4 5 6 7 8	Name & Location of School:
Secondary': 9 10 11 12 G.E.D	Name & Location of School:
If in high school, are you enrolled in a recognized co-op program? Yes ☐ No ☐	If yes, identify program and school:
College: 1 2 3 4 5 6 7 8	Name & Location of School:
Degree & Major:	Minor:

WORK HISTORY *(Please begin with the most recent)*

Company	Phone #:
Address:	City / State / Zip
Dates of Employment: From: To:	Salary: Beginning Ending:
Job Title:	Supervisor's Name and Title
Briefly Describe Duties:	
Specific Reason for Leaving;	

Company	Phone #:
Address:	City / State / Zip
Dates of Employment: From: To:	Salary: Beginning Ending:
Job Title:	Supervisor's Name and Title
Briefly Describe Duties:	
Specific Reason for Leaving;	

Company	Phone #:
Address:	City / State / Zip
Dates of Employment: From: To:	Salary: Beginning Ending:
Job Title:	Supervisor's Name and Title
Briefly Describe Duties:	
Specific Reason for Leaving;	

For reference purposes: Have you worked for any of these organizations or attended school under a different name? ☐ Yes ☐ No If yes, give name and organization(s)? _____

_____

May we contact the employers listed above? ☐ Yes ☐ No If not, list the employers you do not wish us to contact and why:

_____

_____

_____

_____

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 arid may be justification for my dismissal from employment if discovered at a later date, 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 a 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 record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigation.

I hereby agree to submit any drug test required of me, whether prior to my employment of 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 of time, 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 all of the above.

Signature_____ Date, _____

Name (Please Print)_____