



## Application for Employment

We consider applicants 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?  Web  Employee  Walk-in  Relative  Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

### Applicant Information

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

Street Address \_\_\_\_\_ Social Security No.: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If hired, do you have reliable means of transportation to get to work? \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

If the job you are applying for requires driving: Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration 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 on employment.)

### Employment Information

Are you seeking full time, part time, or temporary employment? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

Please list the times you are not available to work: \_\_\_\_\_

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

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 \_\_\_\_\_

### Education

Name of School: \_\_\_\_\_ Major/Minor Studies: \_\_\_\_\_ Graduate (Y/N) \_\_\_\_\_

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

## Work History (please begin with most recent)

1. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
2. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_
3. Company \_\_\_\_\_ Phone No. with Area Code ( \_\_\_\_ ) \_\_\_\_\_  
Job Title \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_  
Specific reason for leaving: \_\_\_\_\_

**For references 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 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 and may be justification for my dismissal from employment if discovered at a later time. 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 employee-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 of time, 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 and 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 the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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