

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer committed to making employment decisions on a nondiscriminatory basis. Consequently, if you require any accommodations in order to apply or be fairly considered for a position, please let us know.

Provide only information which is requested. The provision of nonresponsive information will result in disqualification of this application.

Name: \_\_\_\_\_  
Last First Middle Initial

Present Address: \_\_\_\_\_  
Number and Street City and State Zip

Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code Number

Position Desired: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you under 18 years of age? Yes \_\_\_ No \_\_\_

How were you referred? \_\_\_\_\_  
Date able to start: \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you able to work all shifts? Yes \_\_\_ No \_\_\_

If NO, when are you unable to work? \_\_\_\_\_

Are you a U.S. citizen or authorized to work legally in the United States? Yes \_\_\_ No \_\_\_

Cities/States of Residence for the Past 7 years:

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## CONVICTION INFORMATION

An applicant with a sealed record of entries on file with the commissioner of probation may answer "no record" to an inquiry about prior convictions of a crime. In addition, any applicant for employment may answer "no record" to an inquiry relative to all cases of delinquency or as a "child-in-need-of-services" for which no criminal prosecution resulted.

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If YES, explain: \_\_\_\_\_

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Have you been convicted of a misdemeanor within the past 5 years? (Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbances of the peace.)

Yes \_\_\_ No \_\_\_ If Yes, explain: \_\_\_\_\_

### DRIVING HISTORY

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class of License: \_\_\_\_\_

Has your driver's license been suspended or revoked in the last 3 years? Yes \_\_\_ No \_\_\_

If yes, give details \_\_\_\_\_

How many motor vehicle accidents have you had in the past 5 years? \_\_\_\_\_

### MILITARY SERVICE

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Training or type of work done in military service: \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

### EDUCATION AND TRAINING

Please list all schools you attended from High School to present. Include trade and technical schools and any courses which may be relevant to your application. If more space is needed, write on back of this form.

<u>*Dates Attended</u>		<u>Name of School</u>	<u>City &amp; State</u>	<u>Course Degree</u>
From	To	High School		
_____	_____	_____	_____	_____
		Trade/Technical School		
_____	_____	_____	_____	_____
		College		
_____	_____	_____	_____	_____
		Other Courses/Schooling (including apprenticeship)		
_____	_____	_____	_____	_____

Professional or Technical Licenses (for each, list state and date): \_\_\_\_\_

Please describe any job related skills or training not mentioned above: \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Explain: \_\_\_\_\_

### WORK HISTORY

LIST EMPLOYERS IN ORDER WITH PRESENT EMPLOYER FIRST. ACCOUNT FOR ALL PERIODS OF TIME. IF SELF EMPLOYED, GIVE FIRM NAME AND BUSINESS REFERENCES. WORK PERFORMED ON A VOLUNTEER BASIS MAY BE INCLUDED.

Employer: \_\_\_\_\_ Address \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \_\_\_\_\_  
Month Year Month Year

Job Title: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \_\_\_\_\_  
Month Year Month Year

Job Title: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \_\_\_\_\_  
Month Year Month Year

Job Title: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Address \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \_\_\_\_\_  
Month Year Month Year

Job Title: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

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Employer: \_\_\_\_\_ Address \_\_\_\_\_

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Leave date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Wage: \_\_\_\_\_  
Month Year Month Year

Job Title: \_\_\_\_\_ May we contact your supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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IF THERE WERE ADDITIONAL EMPLOYERS, PLEASE PROVIDE THE INFORMATION REQUESTED ABOVE ON THE LAST PAGE.

Are you on a layoff and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Are you known to schools/references (prior employers) by another name? Yes \_\_\_ No \_\_\_

If YES, what name? \_\_\_\_\_

\*Information sought solely to facilitate reference checks.

**REFERENCES**

Provide names of three persons not related to you, whom you have know at least one year.

Name	Address	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Read carefully and sign the statement below:

I certify that the information given above is true and complete and understand that misrepresentation and/or omission of requested information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, government agencies or individuals and hereby release such entities and individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

If I am applying for a position as a driver or other safety sensitive position, I understand and agree that I may be required to take physical examinations and drug tests as a condition of employment and continuation of employment and I agree to take such tests at such times as designated by the Company, to provide the Company with results of such test and to release the Company, its such owners, officers, agents and employees from any claim arising in the use of such tests.

I understand that if employed, I will be an employee "at will" and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself. If I am employed, I agree to abide by the Company's policies, rules and procedures and any changes thereto. I further understand that no Company representative other than the Company President, and then only in writing and signed by the President, has authority to enter into any agreement for employment for any specific period of time or to make agreements contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Post Employment**

In case of emergency notify:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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.

**DISCLOSURE TO APPLICANT OR EMPLOYEE REGARDING PROCUREMENT OF A  
CONSUMER REPORT**

This is to advise you that as part of our employment screening process \_\_\_\_\_ will conduct investigations of your background. The investigations will be in the form of a consumer report or investigative consumer report. The reports are for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to employment, before making the adverse decision we will provide you with a copy of the consumer report and a written description of your rights under the federal Credit Reporting Act. You may also have the right to request additional disclosures regarding the nature and scope of the investigation.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment, reassignment or retention.

**APPLICANT'S NAME:** \_\_\_\_\_  
(PLEASE PRINT)

**APPLICANT'S ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**If Name changed (through marriage or otherwise) print former name(s) here:**

\_\_\_\_\_