



# Application For Employment

Applicants for employment are considered without regard to race, color, religion, sex, protected sexual orientation, marital status, veteran's status, national origin, ancestry, age, genetic information or disability. 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  Web Site  Walk-In  Internet  
 Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone ( ) \_\_\_\_\_

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

May we contact your present employer?  Yes  No

Do you have the legal right to work in the United States?  Yes  No

(According to Federal Law, work authorization documentation 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  Overtime

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**AN EQUAL OPPORTUNITY EMPLOYER**

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Veteran of the U.S military service?       Yes     No

If Yes, which Branch \_\_\_\_\_

Please describe any special skills or training acquired while in the service \_\_\_\_\_

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Indicate what foreign languages you speak, read, and/or write. (ANSWER ONLY IF YOUR KNOWLEDGE OF A FOREIGN LANGUAGE IS RELATED TO THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.)

	FLUENTLY	GOOD	Fair
SPEAK			
READ			
WRITE			

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**REFERENCES**

Give name, address and telephone number of three references 2 of whom are previous employers.

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# Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

<b>1</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
<b>2</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
<b>3</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
<b>4</b>	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

## **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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# Education

	Elementary					High				College/University				Graduate/Professional			
Name of School																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

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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 on this application is true, complete and correct. I authorize \_\_\_\_\_ to investigate 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.

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Signature of Applicant Date

For HR Department Use Only				
Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Remarks	_____			
		INTERVIEWER	DATE	
Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Job Title	_____		Date of Employment	_____
			Hourly Rate/ Salary	_____
			Department	_____
		By	_____	
		NAME AND TITLE	DATE	