



Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, 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 Fo	r:					
Referral Source:			☐ Compan				Employee
Name:	LAST		FIRST			MIDDLE	
Address:	# STREE	г		CITY		STATE	ZIP
Telephon	ne:		C	ell Phone:			
e-Mail Ac	ddress:						
Are you ι	under 18?	∷Yes ∷∷No					
If employ	ed and you a	re under 18, ca	ın you furnish a	work permit?	?	Yes III No	
-		lication here be	fore? EYes	s 🛄 No			
		mployed here t	oefore? EEYes	s 🖽 No			
May we d	contact your p	oresent employ	er? EYes E	: No			
Proof o	of authorizatio	on to work and o	of your identity w	ill be require	d upoi	n employment.	
Date ava	ilable to start	:		-			
Are you a to work:	available	:::: Full Time	Part Time	Shift Wo	ork	Temporary	Over Time
Are you o	on lay-off or s	ubject to recall	? EYes E	No			
Can you	travel if a iob	requires it?	∷Yes ∷No				

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#### **EDUCATION & BACKGROUND**

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (circle highest)	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				

Special Skills/Qualifications:

#### **REFERENCES**

Please list three (3) character references who are not related to you that we may contact.

Name	Address	Phone	Relationship

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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. 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:			
			Supervisor:		
Dates Employed	Start:				
Responsibilities:					
Employer:		Phone:			
Job Title:					
Address:					
Reason for Leaving	j:				
Dates Employed	Start:	End:			
Responsibilities:					
Employer:		Phone:			
Job Title:		Supervisor:			
Address:					
Reason for Leaving	j:				
Dates Employed	Start:				
Responsibilities:					
Employer:		Phone:			
Address:					
Reason for Leaving	j:				
Dates Employed	Start:	End:			
Responsibilities:					

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

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Name/Title:



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 provided 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.

answers, statements, or significant omissions made by me of employment or discharge.	on this form shall be sufficient cause for denial
Signature of Applicant	Date
	DEMENT HOS ON V
Arrange Interview Yes No	RIMENI USE ONLY
Interviewer:	Date:
Background/Drug Test Yes No	
Employed: Yes No Job Title:	
Date Hrly	Dpmt:

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Date: