



www.BallardTrucks.com

Worcester, MA – Johnston, RI – West Springfield, MA – Avon, MA – Tewksbury, MA

Application for Employment

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 For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

On-Line Company Web Site Other: _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

ZIP

Telephone: _____ Cell Phone: _____

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

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

(Proof of authorization to work and of your identity 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 Over Time

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

Can you travel if a job requires it? Yes No

Education

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please 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:

COMPLETE THIS SECTION ONLY IF CHECKED			
Indicate what languages (including English) you speak, read, and/or write.			
	FLUENTLY	GOOD	FAIR
Speak			
Read			
Write			

Employment Experience

Start with you 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	Work Performed:
Address	Fax	
City, State, Zip		
Job Title		
Supervisor	Dates Employed	
Reason for Leaving	Starting	Final

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

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 of 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.

Signature of Applicant

Date

FOR HUMAN RESOURCE DEPARTMENT ONLY

Arrange Interview: Yes No

Interviewer _____ Date _____

Background/drug Test: Yes No

Employed: Yes No Date of employment: _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By:

Name&Title _____ Date _____