



# 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 or handicap. 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:  Advertisement  Friend  Relative  Walk-In  Agency  
 Other \_\_\_\_\_

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

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

Telephone: (      ) \_\_\_\_\_ *Email:* \_\_\_\_\_

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 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 layoff and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

(REV 11/10)

AN EQUAL OPPORTUNITY EMPLOYER

Are you a veteran of U.S. Military Service?  Yes  No

If Yes, which branch? \_\_\_\_\_

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

Indicate what foreign languages you speak, read and/or write (Optional – Answer only if your knowledge of a foreign language is related to the requirements of the position for which you are applying.)

FLUENT

GOOD

FAIR

SPEAK: \_\_\_\_\_

READ: \_\_\_\_\_

WRITE: \_\_\_\_\_

### REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## 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.

Employer (1)	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Supervisor			
Reason for Leaving			

# EMPLOYMENT EXPERIENCE (CONTINUED)

Employer (2)	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer (3)	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Supervisor			
Reason for Leaving			
Employer (4)	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
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 School	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: \_\_\_\_\_

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 agent 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources Use Only**

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

Authorized By (name & title): \_\_\_\_\_ Date \_\_\_\_\_