## **Application for Employment**

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name	first		Middle
Address Street			
City	State	ZIP Code Phone ( )	
Position applied for	State	Shift preferred 1 2	□3 □ Any
Special training or skills (languages, mac	hine operation, etc.) that would bene	efit you in the job for which you are apply	ring:
Would you accept full-time work? ☐ Y	es No Would you accept pa	nrt-time work?	
On what date would you be available for	work?		
Have you ever been employed here?	Yes No If yes, dates:		
Are you legally eligible for employment i	n the United States? (If yes, proof is	required if hired.)	
If you are under 18 years old, can you pro	ovide a work permit if required?	Yes No Please do not provide information about the e	
	nctions of the job for which you are a	addressed at a later stage to the extent permitted applying (with or without reasonable according to respond.	
Mandatory Employer Disclosures			
or administer a lie detector test as a condition of	of employment or continued employment. A	ice to Massachusetts applicants: It is unlawful in An employer who violates this law shall be subject orkers' compensation laws (Chapters 29-38) unless	t to criminal penalties an
	(tist applicable exemplic	2015)	
Education Background			
High School:		Location	
Course of study	Did you gradua	nte?   Yes   No Degree or diploma _	
College:		Location	
Course of study	Did you gradua	ate?   Yes   No Degree or diploma _	
		Location	
Course of study	Did you gradua	ate?   Yes   No Degree or diploma _	
Vocational Training/Other:		Location	
Course of study	Did you gradua	ate? 🗌 Yes 🗎 No Degree or diploma _	
Continuing Education:			

Employee Experience		
Hace an $X$ by the employer(s) you DO NOT want us to contact. List your most recent empl	oyer first. You may include any verified work perfo	rmed on a volunteer basis.
Employer	Contact Name	
Address	Phone (	)
Job Title		
Dates employed: from (mm/yy)to (mm/yy)	Hourly rate/salary: starting/_	final/
Reason for leaving		
Employer	Contact Name	
Address		
Job Title		
Dates employed: from (mm/yy)/ to (mm/yy)/		
Reason for leaving		
Employer		
Address	Phone (	)
Job Title		
Dates employed: from (mm/yy)to (mm/yy)/	Hourly rate/salary: starting/	final/
Applicant Statement  I certify that all the information submitted by me on this application is t information, omissions or misrepresentations are discovered, my application terminated at any time. If hired, I agree to conform to the Company's rules as handbook do not form a contract of employment either expressed or impression terminated, with or without cause and with or without notice, at any time, at	rue and complete, and I understand that i on may be rejected, and if I am employed, nd regulations, and I understand that these uplied, and I agree that my employment a	if any false or misleadin , my employment may b rules and/or the employe
I also understand and agree that the terms and conditions of my employmer at any time by the Company. I understand that no Company representative, the president, has any authority to enter into any agreement for employment to the forgoing. I expressly authorize, without reservation, the employer information from all references (personal and professional), employers, and to otherwise verify the accuracy of all information provided by me in all rights and claims I may have regarding the employer, its agents, empland nondefamatory information, in a lawful manner, in the employment furnishing such information about me.	nt may be changed, with or without cause are other than its president, and then only when it for any specific period of time, or to maker, its representatives, employees or agent public agencies, licensing authorities and in this application, résumé or job interview loyees or representatives for seeking, gath	n in writing and signed be se any agreement contrar ts to contact and obtai I educational institution v. I hereby waive any an hering and using truthfu
I understand that this application remains current for only 30 days. At the still wish to be considered for employment, it will be necessary for me to		d from the employer and
This Company does not tolerate unlawful discrimination or harassment disability, or any other protected status under applicable federal, state or and investigates each one promptly and thoroughly.	based on sex, race, color, religion, national local law. This Company takes all harassn	nl origin, citizenship, age nent complaints seriousl
I understand that this employer does not unlawfully discriminate i limit or exclude an applicant from employment consideration on any	n employment and no question on this y basis prohibited by applicable federa	s application is used t l, state or local law.
Signature of Applicant	n	Date / /
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