

Application for Employment

Today's Date _____

Applicant Information

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Telephone Number: (_____) _____ (_____) _____
day evening

Are you at least 18 years old? yes no

Are you legally authorized to work in the U.S.? yes no
(If hired you will be required to provide proof of identity and work authorization.)

How did you hear of our company?

newspaper agency web site
 employee referral _____ other _____

Job Interest

Position applied for: _____ Shift Preference: _____

full-time part-time part-time days/hours preference: _____

How soon could you start? _____

Are you available to work overtime? yes no

Our company is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, age, disability, genetics, gender identity, veteran's status, sexual orientation, or any other characteristic protected by law.

Education and/or Military Training

School Name, City and State	Major Subject(s)	Years Attended	Diploma or Degree Received
High School			<input type="checkbox"/> yes <input type="checkbox"/> no Type:
College			<input type="checkbox"/> yes <input type="checkbox"/> no Type:
Graduate			<input type="checkbox"/> yes <input type="checkbox"/> no Type:
Other (specify)			<input type="checkbox"/> yes <input type="checkbox"/> no Type:

Training Courses

Describe any relevant training programs you have completed. Include the types of training, the sources of the training, and the dates of the training.

Employment History

List all employment and include any work performed on a volunteer basis which can be verified, starting with present or most recent.

If presently employed, may we contact your employer as a reference? yes no

Employer Name, Address, Phone	Dates of Employment	Salary History	Reason for Leaving
Employer 1	From: To:	Starting: Final:	
Immediate Supervisor:	Position(s) Held		
Employer 2	From: To:	Starting: Final:	
Immediate Supervisor:	Position(s) Held		
Employer 3	From: To:	Starting: Final:	
Immediate Supervisor:	Position(s) Held		
Employer 4	From: To:	Starting: Final:	
Immediate Supervisor:	Position(s) Held		

Qualifications

Briefly describe the type of work for which you are best qualified. Note any details about your qualifications which should be considered. Include special skills such as machines operated, licenses, foreign languages, computer and software knowledge, etc.

What are your career objectives?

List any professional affiliations, honors and awards, publications, patents, etc. (Exclude any memberships which would reveal age, sex, race, religion, color, national origin, disability, or other protected statuses.)

Statement of Understanding

Please read the following statements. They constitute the conditions under which you would be employed by our Company should you be accepted for employment.

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentations or omission of facts called for in this application may result in denial of employment or immediate dismissal.

I understand that if I am employed by the Company, my employment is for no definite term and that I can be terminated at any time with or without notice and with or without cause. I further understand that no verbal promises or guarantees are binding on the Company and that no one, other than the President of the Company, has authority to enter into an agreement for employment contrary to the above, and that any such agreement must be in writing. If employed, I agree to abide by all of the Company's rules and regulations, and any changes thereto.

I understand that a job offer may be contingent upon the satisfactory results of a physical examination and/or drug screening. (Note: You will be notified if these are a requirement, and all related expenses are paid by the company.)

I give the Company permission to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that any offer of employment may be rescinded if the results of the investigation are unacceptable to the Company.

Signature of Applicant

Date

Massachusetts General Laws c.149 s19B requires that the following statement be included on employment applications: "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."

Massachusetts General Laws c.151B defines "genetic information" as any written record or explanation of a genetic test of a person's family history with regard to the presence, absence or variation of a gene. A genetic test is broadly defined as "any test of DNA, RNA, mitochondrial DNA, chromosome or proteins for the purpose of identifying genes or genetic abnormalities." The law expressly excludes drug and alcohol tests from this definition, meaning that employers may continue to conduct such tests in accordance with existing legal requirements.

These new statutory provisions specifically prohibit employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

Voluntary Equal Opportunity Data Record

Our Company is an equal opportunity employer. Qualified applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital, veteran status, genetics, gender identity, or status as a qualified individual with a disability.

As an equal opportunity employer, we comply with all relevant government regulations and affirmative action responsibilities. Solely to help us with equal opportunity recordkeeping, reporting and other legal requirements, please fill out this Data Record. Submission of this information is voluntary.

Name: _____
(Last) (First) (Middle)

Please check one: Male Female

*Please check those categories that are applicable to you below:

- | | |
|---|--|
| <input type="checkbox"/> Asian (Not Hispanic or Latino)
<i>(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</i> | <input type="checkbox"/> Hispanic or Latino
<i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)</i> |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) <i>(A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.)</i> | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) <i>(A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</i> |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) <i>(A person having origins in any of the black racial groups of Africa.)</i> | <input type="checkbox"/> White (Not Hispanic or Latino) <i>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</i> |
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- Individual with a Disability
(The above term means any person who (1) has a physical or mental impairment which "substantially limits" one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. "Substantially limits" means likely to cause difficulty in securing, retaining or advancing in employment.)
- Veteran with a Disability
(The above term means (1) a veteran who is entitled to compensation under laws administered by the Veterans' Administration for a disability rated at 30 percent or more, or (2) a person who was discharged or released from active duty because of a service connected disability.)
- Veteran of the Vietnam Era
(The above term means an "eligible veteran" any part of whose active military, naval or air service was during the "Vietnam Era." It is a person who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service connected disability. The "Vietnam Era," according to regulations promulgated by OFCCP, appears to encompass the period between August 5, 1964 and May 7, 1975.)
- Other Protected Eligible Veteran
Veterans who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized.
- Newly Separated Veterans
Any veteran who served on active duty in the U.S. military, ground, naval or air service during the past one-year period, beginning on the date of such veteran's discharge or release from active duty.