

The Company is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state, or local law.



Employment Application

Applicant Instructions

1. Complete All Pages
2. Print Clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEO Self Identification Form. This information is being gathered for federal recordkeeping and/or affirmative action purposes only. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Position Applied For:

Today's Date:

Last Name:

First

MI

Home Phone:

Work Phone:

Current Address:

Street:

City

State

Zip

Prior Address
Street:

City

State

Zip

Are you at least 18 years of age?

Yes

No

Are you legally eligible to work in the United States? Proof of employment eligibility will be required if hired.

Yes

No

Availability

What date can you start?

What category would you prefer?

Full Time

Part Time

Temporary

Labor Pool

Which schedules are you available?

*Reasonable efforts will be made to accommodate sincerely held religious beliefs

Weekdays

Weekends

Evenings

Nights

Overtime

Shift

Other

Continued on Next Page

Essential Job Functions

Have you been given a job description or had the essential job functions been explained to you?

Yes

No

Do you understand these essential functions?

Yes

No

After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

Yes

No

Professional Licenses and Certifications

Do you hold any professional licenses or certifications?

Yes

No

Name of license/certifications

License/certification number

Issuing State

Has your license/certification ever been revoked or suspended?

Yes

No

If yes, please state the reason(s), date of revocation or suspension, and date of reinstatement

Continued on Next Page

References

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed

Name	Address/Phone	Years Known/Relationship
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Education

Please check highest grade completed.

If your school records are under a different name than listed above, please enter that name

Name	City/State	Graduated	Degree Type
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Continued on Next Page

Previous Employers:

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past** employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

Most Recent Employer

Are you currently working for this employer?

Yes

No

If yes, may we contact?

Yes

No

Company Name:

City

State

Phone Number

Dates Employed
From:

To:

Fax Number

Job Title

Supervisor Name

Duties

Continued on Next Page

Salary:
Amount Per

Reason For Leaving

Second Most Recent Employer

Company Name:

City State Phone Number

Dates Employed
From: To: Fax Number

Job Title

Supervisor Name

Duties

Salary:
Amount Per

Reason For Leaving

Continued on Next Page

Third Most Recent Employer

Company Name:

City

State

Phone Number

Dates Employed
From:

To:

Fax Number

Job Title

Supervisor Name

Duties

Salary:
Amount Per

Reason For Leaving

Fourth Most Recent Employer

Company Name:

City

State

Phone Number

Continued on Next Page

Dates Employed
From:

To:

Fax Number

Job Title

Supervisor Name

Duties

Salary:
Amount Per

Reason For Leaving

Driver's License Information

If the job requires, do you have the appropriate valid driver's license?

Yes No

Name on license

DL #

Type

State of Issue

Continued on Next Page

Have you had any moving violations within the last seven years?

Yes

No

If yes, please describe.

Criminal History

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime?

Do not include convictions that were sealed, erased, annulled, or expunged

Yes

No

If yes, please explain

Are you currently awaiting trial for any criminal offense?

Yes

No

If yes, please explain

Continued on Next Page

Voluntary EEO Self-Identification Form

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with required government recordkeeping and reporting requirements as well as affirmative action obligations, if applicable. This information is not part of your employment application and will not be considered in the employment selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. **If you choose to provide the information, please complete the following:**

Name: _____ Date: _____ Title of Job Applied For: _____

Sex

Male

Female

Race/Ethnicity

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other or other Spanish culture or origin regardless of race.)

Yes

No

If you answered "No" to Are you Hispanic or Latino?" please indicate what race/ethnicity you believe yourself to be:

American Indian or Alaskan Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North or South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) - 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 Philippines Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Continued on Next Page

Certification and Release

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations, or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references, and any relevant agencies to provide information to the Company about my background and experience from any liability whatsoever arising therefrom.

Today's Date:

E-Signature

Please make all necessary changes to this document before signing. Once this document has been e-signed! no further changes can be made!