

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" on page 3.
2. Complete all 3 pages.
3. If more space is needed to complete any question, use comments section on page 3.
4. Print clearly: Incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an AFFIRMATION ACTION QUESTIONNAIRE. This information is being gathered for affirmation action under Section 503 of the Rehabilitation Act of 1973. 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.
7. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

AVAILABILITY

What date can you start? _____ What category would you prefer? Full Time Part Time Temporary Labor Pool

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift
Other*Reasonable efforts will be made to accommodate sincerely held moral and ethical beliefs, (WI) religious beliefs and practices.

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license: _____ DL# _____ Type: _____ State of Issue: _____
- Yes No Have you had any moving violations within the last seven years? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____
- Yes No Have you been given a job description or had the essential functions of the job explained to you?
 Yes No Do you understand these essential functions?
 Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

SECURITY

List states and countries of residence or the past seven years: _____

- Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. Applicant is not obligated to disclose any references to a pre or post trial diversion program, any conviction which has been sealed, expunged or erased by the court, or if in California, any marijuana related misdemeanor conviction entered more than two years prior to the date of this employment application.

In Connecticut:
An employment application form that contains any question concerning the criminal history of the applicant shall contain a notice, in clear and conspicuous language: (1) that the application is not required to disclose the existence of any arrest, criminal charge or conviction, the record of which have been erased pursuant to section 46b,-146, 4-76o or 54-142a, (2) that criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

In Massachusetts You are not required to furnish information about:
1) any offense committed before your 17th birthday, (2) a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace. (3) a misdemeanor conviction when the date of conviction or ending date of any period of incarceration resulting there from, whichever is later, was 5 or more years prior to the date of this application and you have not been convicted of any offense in the last five years. If you have been so convicted, you must report all offense convictions that occurred before and during the 5-year period. (4) an arrest detention or disposition where there was not convictions. (5) an applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no Record" with respect to any inquiry herein relative to prior arrest, criminal court appearances or convictions, and (6) an applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____

LAST FIRST MI
HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____

STREET

CITY STATE ZIP

PRIOR ADDRESS: _____

STREET

CITY STATE ZIP

INCIDENT:	CITY/STATE:	CHARGE:
1.		
2.		

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will 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 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 application may include any verified work performed on a volunteer basis.

MOST RECENT EMPLOYER:	Yes	No	Are you currently working for this employer?	PHONE: _____ FAX: _____
	Yes	No	If yes, may we contact?	
_____	_____	_____	_____	
COMPANY NAME:	CITY:	STATE:		
_____	_____	_____		
DATES EMPLOYED:	JOB TITLE:	SUPERVISOR NAME:		
_____	_____	_____		
DUTIES;				

PER				
SALARY: (HOUR, WEEK, MONTH)	REASON FOR LEAVING:			
_____	_____			

SECOND MOST RECENT EMPLOYER:				PHONE: _____ FAX: _____
_____	_____	_____	_____	
COMPANY NAME:	CITY:	STATE:		
_____	_____	_____		
DATES EMPLOYED:	JOB TITLE:	SUPERVISOR NAME:		
_____	_____	_____		
DUTIES;				

PER				
SALARY: (HOUR, WEEK, MONTH)	REASON FOR LEAVING:			
_____	_____			

THIRD MOST RECENT EMPLOYER:				PHONE: _____ FAX: _____
_____	_____	_____	_____	
COMPANY NAME:	CITY:	STATE:		
_____	_____	_____		
DATES EMPLOYED:	JOB TITLE:	SUPERVISOR NAME:		
_____	_____	_____		
DUTIES;				

PER				
SALARY: (HOUR, WEEK, MONTH)	REASON FOR LEAVING:			
_____	_____			

FOURTH MOST RECENT EMPLOYER:				PHONE: _____ FAX: _____
_____	_____	_____	_____	
COMPANY NAME:	CITY:	STATE:		
_____	_____	_____		
DATES EMPLOYED:	JOB TITLE:	SUPERVISOR NAME:		
_____	_____	_____		
DUTIES;				

PER				
SALARY: (HOUR, WEEK, MONTH)	REASON FOR LEAVING:			
_____	_____			

REFERENCES

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

NAME: ADDRESS & PHONE: YEARS KNOWN & RELATIONSHIP

1.		
2.		
3.		

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16+

If your school records are under a different name than listed on page 1, please enter that name. _____

NAME: CITY & STATE: GRADUATED DEGREE TYPE:

HIGH SCHOOL:		Yes No	
COLLEGE:		Yes No	
OTHER:		Yes No	

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions correctly and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness, or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drug in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs for the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employment who violates this law shall be subject to criminal penalties and civil liability. "

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE:

DATE:

COMMENTS

(ASK FOR AN ADDITIONAL PAGE IF NECESSARY) _____
