

APPLICATION FOR EMPLOYMENT

Date						
We are an equalidentification,	al opportunity employe national origin, age, dis	r. Applicants are cability, or any other	considered for posi er consideration ma	tion without regarde unlawful by	ard to race, religated applicable fede	gion, sex, gender eral, state or local laws.
Position app	olied for:					
Name:			De	esired Pay Ra	te:	
Address:						
City:		_State: Zi	p: F	Best way to co	ontact: E	Email Phone
Phone:		E	mail address:			
At the time (Verification and Yes N	of employment are d completion of Form I-9 No	you able to submust be submitted no	mit verification o later than three bus	of your legal iness days after da	right to worl	k in the U.S.?
If under the	age of 18, can you	produce the nec	essary work cer	rtificate at the	time of emp	oloyment?
Yes N	No Not appli	cable				
Type of Em	ployment Desired?	Full-time	Part-time	(specify	hours)	
Are you will	ling to work overtir	ne? Yes	No Date of	on which you	can start:	
Have you ev	er applied to this co	ompany before?	Yes No	If Yes, v	when?	
•	technical skills that anguages, equipmer			•		
Education	School Name	City, State	Courses	Did You Graduate?	# of years completed	Degree/Major
High School						
College						
Trade School						
Honors Reco	eived:					

WORK EXPERIENCE

List all work experience starting with your present or last place of employment. You may include any verifiable work preformed on a volunteer basis, internships, or military service.

Employer Name:			Type of Business:		
Address:		City: _		State:	Zip:
Phone:	Date	es of Employment: _		_ to:	
Job Title:	Supervisor's Name:			Phone:	
May we contact?	Wages: Start:	Final:	Reason for Lea	ving:	
Duties:					
•					
Employer Name:			Type of Business:		
Address:		City: _		State:	Zip:
Phone:	Date	es of Employment: _		to:	
Job Title:	Superviso	Supervisor's Name:		Phone:	
May we contact?	Wages: Start:	Final:	Reason for Lea	ving:	
Duties:					
•					
Employer Name:			Type of Business:		
Address:		City: _		State:	Zip:
Phone:	Date	es of Employment: _		_ to:	
Job Title:	Superviso	or's Name:		Phone: _	
May we contact?	Wages: Start: Final:		Reason for Leaving:		
Duties:					
Employer Name:			Type of Business:		
Address:		City: _		State:	Zip:
Phone:	Date	es of Employment: _		_ to:	
Job Title:	Supervis	sor's Name:		Phone:	
May we contact?	Wages: Start:	Final:	Reason for Leav	ving:	
Duties:					

REFERENCES: Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.

Name	Company	Position	Work Relationship (supervisor, co-worker)	Telephone Number

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company has a drug-free workplace or drug and/or alcohol-testing program consistent with applicable federal, state and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, computers, and email) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, non-complete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate termination.

I understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment. I acknowledge that if hired by the company, employment is on an at-will basis. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law and acceptance of employment us not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by a trustee of the company.

I agree to conform to the policies and regulations of the company and I understand that the company has complete discretion to modify such policies and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its authorized agents to confirm all statements contained in this application and/or resume as it related to the position I am seeking and to the extent permitted by federal, state or local law.

I understand under Massachusetts 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. Federal and/or state law may prohibit the use of polygraph or similar tests as well.

I authorize and consent to, without reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

I understand this Company hires only individuals who are legally eligible to work in the United States.

Applicant Signature		Date
Signature of Company Represe	entative	Date
guardian constitutes acknowledgement by the ap	or legal guardian must sign the foregoing release and content. Splicant and the parent or legal guardian that the Company, to the uct inspections of property without notice and communicate screation.	e extent permitted by federal, state or local law, can
Parent/Legal Guardian Signature	Printed Parent/Legal Guardian Name	Date

LU: 2017-07-13