

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 _____
Last First Middle
Address _____
Street
City State ZIP Code Phone ()
Position applied for _____ Shift preferred 1 2 3 Any

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

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 in the United States? (If yes, proof is required if hired.) Yes No

If you are under 18 years old, can you provide a work permit if required? Yes No

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

Yes No Need more information about the job's essential functions to respond.

Mandatory Employer Disclosures

Notice to Maryland applicants: 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. Notice to Massachusetts applicants: 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. **Notice to Rhode Island applicants:** This Company is subject to the state's workers' compensation laws (Chapters 29-38) unless otherwise noted below:

(List applicable exemptions)

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Employee Experience

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first. You may include any verified work performed on a volunteer basis.

Employer _____ Contact Name _____
Address _____ Phone (_____) _____
Job Title _____
Dates employed: from (mm/yy) ____/____/____ to (mm/yy) ____/____/____
Reason for leaving _____

Employer _____ Contact Name _____
Address _____ Phone (_____) _____
Job Title _____
Dates employed: from (mm/yy) ____/____/____ to (mm/yy) ____/____/____
Reason for leaving _____

Employer _____ Contact Name _____
Address _____ Phone (_____) _____
Job Title _____
Dates employed: from (mm/yy) ____/____/____ to (mm/yy) ____/____/____
Reason for leaving _____

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This Company takes all harassment complaints seriously and investigates each one promptly and thoroughly.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Signature of Applicant _____ Date ____/____/____