



## Personal

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
STREET

\_\_\_\_\_ E-mail address \_\_\_\_\_  
CITY STATE ZIP CODE

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_\_) \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM  
\_\_\_\_\_ : \_\_\_\_\_ PM

May we contact you at work?  Yes  No

If yes, work number and best time to call (\_\_\_\_\_) \_\_\_\_\_ AM  
\_\_\_\_\_ : \_\_\_\_\_ PM

Are you over 18 years of age?  Yes  No

List positions previously applied for \_\_\_\_\_  None

Are you legally authorized to work in this country?  Yes  No

Have you ever been convicted of a criminal offense within the last five (5) year or ever been convicted of a criminal offense for which your period of incarceration ended within the past five years? Note: you may answer "no" if any of the following circumstances are applicable:

1. You have an arrest, detention, or disposition regarding any violation of law in which no conviction resulted.
2. You have a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace.
3. You have felony or misdemeanor convictions which have been annulled or sealed by a court.
4. You have juvenile delinquency or child in need of service complaints which were not transferred to superior court for prosecution.

Yes  No Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details \_\_\_\_\_

## Work Preference

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime (more than 40 hours in a week)?  Yes  No

Education				
High School City/State	Circle grade completed 1      2      3      4			Did you graduate? Yes    No
College/Technical School/ Other City/State	# of Years	Course of Study		Degrees, diploma, certificate and honors received
Other job-related educational institutions, licenses, certifications, etc.				

**Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). You may include any verified work performed on a volunteer basis. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # (                    )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		<b>HOURLY RATES/SALARY</b>		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT YOUR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		<b>HOURLY RATES/SALARY</b>		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE # (                    )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		<b>HOURLY RATES/SALARY</b>		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT YOUR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		<b>HOURLY RATES/SALARY</b>		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE # (                    )	<b>DATES EMPLOYED</b>		<b>SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
ADDRESS		FROM	TO	
STARTING JOB TITLE/FINAL JOB TITLE		<b>HOURLY RATES/SALARY</b>		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT YOUR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		<b>HOURLY RATES/SALARY</b>		
		FINAL		
		\$	PER	

**Comments** including explanation of any gaps in employment \_\_\_\_\_

**IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.**

**Skills and Qualifications**

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.

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**References**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBERS OF YEARS KNOWN
	(     )	
	(     )	
	(     )	

**Applicant Statement**

I certify that all the information I have provided in order to apply for and secure employment with the Company is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the Company, when it is discovered.

I authorize and consent to my references, employers and/or employer representatives, public agencies, licensing authorities, and educational institutions and persons or organizations named in this application and/or accompanying resume to release any information to the Company that may be required to make an employment decision. I release the Company from any liability which might result from requesting such information.

I understand this application remains current for 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 to reapply and complete a new application. A new application must be completed for each job I wish to be considered for.

I understand that if employed, my employment is not guaranteed for any term, and my employment may be terminated by the Company or myself at any time with or without notice and for any reason. No manager, supervisor or representative of the Company is authorized to make an oral or written assurance or promise of continued employment.

**Do not sign until you have read the above APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_