

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four 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 EEOC Self Identification Form. This information is being gathered for affirmative 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.

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

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 religious beliefs.

JOB-RELATED SKILLS

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

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Are you licensed/certified for the job applied for?

Name of license/certifications: _____

License/certification number: _____ Issuing State: _____

Yes No Has your license/certification ever been revoked or suspended?

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

REFERENCES

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

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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			<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?
			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?
			PHONE ()
			FAX ()
COMPANY NAME	CITY	STATE	
FROM	TO		
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	
FROM	TO		
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	
FROM	TO		
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	
FROM	TO		
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	
DUTIES			
PER			
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING	