

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 Yes  No Has your license/certification ever been revoked or suspended?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

<b>MOST RECENT EMPLOYER</b>			<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		

<b>SECOND MOST RECENT EMPLOYER</b>			PHONE (   ) FAX (   )	
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
PER				
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING		

<b>THIRD MOST RECENT EMPLOYER</b>			PHONE (   ) FAX (   )	
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
PER				
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING		

<b>FOURTH MOST RECENT EMPLOYER</b>			PHONE (   ) FAX (   )	
COMPANY NAME	CITY	STATE		
FROM	TO			
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME		
DUTIES				
PER				
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING		

## DRIVER'S LICENSE INFORMATION

- 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. \_\_\_\_\_

## CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order.**

**NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.**

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary
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- 

Are you currently awaiting trial for any criminal offense?

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
- 
- 

Have you ever initiated an act of violence in the workplace?

- Yes  No Please explain any "Yes" answer. Use additional paper if necessary.
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## INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

**California Applicants:** Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

**Connecticut Applicants:** Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b – 146, 54 -76o or 54 – 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact 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 nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and so may swear under oath.

**District of Columbia Applicants:** Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

**Hawaii Applicants:** Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

**Massachusetts Applicants:** An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an 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. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

**New York Applicants:** You may answer "no record" concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law; a conviction for a "violation" that has already been sealed by the court, per section 160.55 of the New York Criminal Procedure Law.

**Washington Applicants:** Do not identify any conviction that is more than ten (10) years old at the time of making this application.

**APPLICANT NOTE**

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs 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 of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

"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."

**Maryland applicants,** please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
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**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."

**Rhode Island Applicants:** The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

**PERMISSION TO WORK IN THE UNITED STATES**

Yes     No    Are you legally eligible to work in the United States?

**Proof of employment eligibility will be required if hired.**

**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 policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
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# EEOC SELF IDENTIFICATION FORM (OPTIONAL)

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.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Name: \_\_\_\_\_

Title of job applied for: \_\_\_\_\_

## SEX

- Male  
 Female

## RACE/ETHNICITY

Are you Hispanic or Latino?

- Yes  
 No

If you answered "No" to "Are you Hispanic or Latino?" please indicate what race you believe yourself to be below:

- American Indian or Alaskan Native (Not Hispanic or Latino)  
 Asian (Not Hispanic or Latino)  
 Black or African American (Not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)  
 White (Not Hispanic or Latino)  
 Two or More Races (Not Hispanic or Latino)

## VETERANS/U.S. MILITARY STATUS

- Special Disabled Veteran
1. A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or
  2. A veteran who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran
1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases; or
  2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961, and 05/07/1975; or (b) between 08/05/1964, and 05/07/1975, in all other cases.
- Other Protected Veteran
1. Other protected veteran is defined as a veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

PERSONAL AND CONFIDENTIAL

**THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!**