



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

# APPLICATION FOR EMPLOYMENT

200 Maplewood Street • Malden, MA 02148 • Tel 781.324.4455 • Fax 781.324.2777

<b>P E R S O N A L</b>	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME PHONE
	CITY, STATE, ZIP			BUSINESS PHONE
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			SOCIAL SECURITY #
	Position Desired			
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			
	How did you learn of our organization?			

<b>E D U C A T I O N</b>	<b>SCHOOL</b>	<b>NAME AND LOCATION OF SCHOOL</b>	<b>COURSE OF STUDY</b>	<b># OF YEARS COMPLETED</b>	<b>DID YOU GRADUATE?</b>	<b>DEGREE OR DIPLOMA</b>
	College					
	High School					
	Elementary					
	Other					

<b>Memberships in Professional or Civic Organizations</b> <i>(Exclude those which may disclose your race, color, religion, or national origin)</i>

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

<b>2</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

<b>3</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

<b>4</b>	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	JOB TITLE AND DESCRIPTION OF WORK	REASON FOR LEAVING

We may contact the employers listed above unless you indicate here those you do not wish us to contact:

DO NOT CONTACT: Employer #(s) \_\_\_\_\_ Reason \_\_\_\_\_

<b>SIGNATURE</b>	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	_____ DATE	_____ SIGNATURE (ok if typed in digitally)