Employee Experience	
Place an $\boldsymbol{X}$ by the employer(s) you DO NOT want us to contact. List your most reconstruction	cent 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) _	/ Hourly rate/salary: starting/ final/
Reason for leaving	
	Contact Name
Address	Phone ( )
Job Title	
Dates employed: from (mm/yy)to (mm/yy)	Hourly rate/salary: starting final/
Reason for leaving	
Employer	Contact Name
	Phone ( )
Job Title	
	/ Hourly rate/salary: starting/ final/
Reason for leaving	
Applicant Statement	
certify that all the information submitted by me on this applicat	tion is true and complete, and I understand that if any false or misleading
information, omissions or misrepresentations are discovered, my a	pplication may be rejected, and if I am employed, my employment may I
handbook do not form a contract of employment either expresse	s rules and regulations, and I understand that these rules and/or the employ d or implied, and I agree that my employment and compensation can l
terminated, with or without cause and with or without notice, at any	
	ployment may be changed, with or without cause and with or without notic ntative, other than its president, and then only when in writing and signed l
the president, has any authority to enter into any agreement for emp	ployment for any specific period of time, or to make any agreement contra
	employer, its representatives, employees or agents to contact and obta ployers, public agencies, licensing authorities and educational institution
and to otherwise verify the accuracy of all information provided	by me in this application, résumé or job interview. I hereby waive any ar
	ts, employees or representatives for seeking, gathering and using truthfoloyment process and all other persons, corporations or organizations for
furnishing such information about me.	20) mone process and an once persons, corporations or organizations
understand that this application remains current for only 30 days still wish to be considered for employment, it will be necessary for	s. At the conclusion of that time, if I have not heard from the employer ar r me to reapply and fill out a new application.
disability, or any other protected status under applicable federal, s	ssment based on sex, race, color, religion, national origin, citizenship, ag state or local law. This Company takes all harassment complaints serious
and investigates each one promptly and thoroughly.	
	inate in employment and no question on this application is used to on any basis prohibited by applicable federal, state or local law.



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Signature of Applicant

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

ATTORNEY

Date

## **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 Address Street Phone ( State Position applied for \_\_\_\_\_ Shift preferred  $\square 1 \square 2 \square 3$ Anv 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? \_\_\_\_\_ Are you legally eligible for employment in the United States? (If **ves**, proof is required if hired.) 

Yes 

No If you are under 18 years old, can you provide a work permit if required? \( \subseteq \text{Yes} \subseteq \text{No} \) 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? \( \subseteq \text{Yes} \subseteq \text{No} \) Degree or diploma \_\_\_\_\_ Location \_\_\_\_\_ College: Course of study \_\_\_\_\_ Did you graduate?  $\square$  Yes  $\square$  No Degree or diploma Graduate School: \_\_\_\_\_\_ Location Course of study \_\_\_\_\_ Did you graduate? \[ \subseteq Yes \] No Degree or diploma \_\_\_\_\_ Vocational Training/Other: \_\_\_\_\_ Location \_\_\_\_ Course of study \_\_\_\_\_ Did you graduate? \( \square\$ Yes \square\$ No Degree or diploma \_\_\_\_\_ Continuing Education: