EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE			Today's	Date		
First Name	MI	L	ast Name	Pı	referred Nan	ne/Nickname
Street Address	Apt#	City	Stat	<u>e</u>	Zip C	ode
Home Phone	me Phone Cell Phone			Email Address		
PLEASE PLACE A CHECK BY YOUR F	RESPONSE OI	R PROVIDE 1	HE APPROPRI	ATE INFORM	IATION	
Are you interested in:		<u>-</u>	Full Time	Part	Time	Temporary
What schedule would you prefer?	Wee	kdays _	Weekends	Ever	nings	Nights
How did you hear about the position?	Clas	ssified Ad	Friend (Nam	ne) Rad	io	Internet
Desired Pay: Hourly Pay (Minimum, if applicable			Annual Pay	\$ Minimum	 \$ De	sired
When are you able to start work?		Date:		-		
In what local area do you prefer to wo	rk?					
Position desired:						
PLEASE CHECK YES OR NO TO THE FO	LLOWING:					
Are you authorized to work in the Un	ited States?			Yes	_ No	
Federal law requires that employers hirn States. In compliance with these laws, with the Company. In this connection, and employment authorization, and it werify your identification and employment.	HAVE HAVE all offers of en ill be necessa	N will verify an ployment a ry for you to	the status of e re subject to v	very individu erification of	al offered e the applica	employment int's identity
Are you under 18 years of age?				Yes	_ No	
If yes, can you furnish a work permit?				Yes	_ No	
Are you capable of performing the essential functions of the job for Yes No						

which you are applying with or without a reasonable accommodation?	

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

<u>Massachusetts applicants</u> may include any verified work performed on a volunteer basis.

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ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM	TO	HOW DID YOU SPEND THIS TIME?
MM DD YYY	MM DD YYYY	
FROM	TO	HOW DID YOU SPEND THIS TIME?
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EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

<u>References</u>: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

<u>Temporary/Contract Employment</u>: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any

subsidiary or affiliated company), either for a permanent, temporagency), or consulting positions during my assignment or after	, ,
SIGNED:	DATE: