



APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

WE OBSERVE ALL FEDERAL AND STATE REGULATIONS RELATED TO DISCRIMINATION IN EMPLOYMENT. PLEASE READ THE ENTIRE FORM BEFORE YOU BEGIN FILLING IT OUT. ANSWERS SHOULD BE WRITTEN IN INK SO THAT THEY ARE CLEAR AND READABLE. PLEASE ANSWER ALL QUESTIONS INDICATING "NONE" WHERE APPLICABLE. ALL APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, VETERAN STATUS OR ANY OTHER GROUP PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

DATE: _____

LAST NAME FIRST MIDDLE TELEPHONE #

ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY # - OPTIONAL E-MAIL ADDRESS MOBILE/OTHER

IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS: _____ AM/PM

MAY WE CONTACT YOU AT WORK? Yes/No IF YES, WORK NUMBER AND BEST TIME TO CALL () _____ AM/PM

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES _____ NO _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES/NO DATE AVAILABLE FOR WORK: _____

POSITION DESIRED: 1ST CHOICE: _____ 2ND CHOICE: _____

TYPE OF EMPLOYMENT DESIRED: FULL-TIME _____ PART-TIME _____ TEMPORARY _____ SEASONAL _____

WILL YOU WORK OVERTIME IF REQUIRED? YES _____ NO _____

IF NO, PLEASE EXPLAIN _____

WHAT ARE YOUR SALARY REQUIREMENTS? _____

WHAT ARE YOUR CAREER GOALS? _____

HAVE YOU EVER BEEN EMPLOYED OR MADE APPLICATION TO THIS ORGANIZATION? YES _____ NO _____

IF SO, INDICATE WHERE AND WHEN: _____

ARE YOU WILLING TO TRAVEL? YES _____ NO _____
RELOCATE? YES _____ NO _____ PREFERENCE _____

HAVE YOU EVER BEEN BONDED? YES/NO

EMPLOYMENT HISTORY		
PLEASE LIST ALL EMPLOYMENT STARTING WITH YOUR PRESENT OR MOST RECENT POSITION, INCLUDE PART TIME OR SUMMER JOBS IF THEY ARE PART OF YOUR RECENT EXPERIENCE.		
EMPLOYER	ADDRESS (CITY, STATE)	FROM (MO./YR.) To (MO/YR.)
<u>NAME OF SUPERVISOR</u>	<u>TITLE</u>	<u>TELEPHONE NO. EXT.</u>
<u>STARTING POSITION</u>	<u>LAST POSITION</u>	<u>PART/FULL TIME</u>
DESCRIPTION OF DUTIES:		
REASON FOR LEAVING		MAY WE CONTACT? YES _____ No _____ LATER _____
EMPLOYER	ADDRESS (CITY, STATE)	FROM (MO./YR.) To (MO/YR.)
<u>NAME OF SUPERVISOR</u>	<u>TITLE</u>	<u>TELEPHONE NO. EXT.</u>
<u>STARTING POSITION</u>	<u>LAST POSITION</u>	<u>PART/FULL TIME</u>
DESCRIPTION OF DUTIES:		
REASON FOR LEAVING		MAY WE CONTACT? YES _____ No _____ LATER _____
EMPLOYER	ADDRESS (CITY, STATE)	FROM (MO./YR.) To (MO/YR.)
<u>NAME OF SUPERVISOR</u>	<u>TITLE</u>	<u>TELEPHONE NO. EXT.</u>
<u>STARTING POSITION</u>	<u>LAST POSITION</u>	<u>PART/FULL TIME</u>
DESCRIPTION OF DUTIES:		
REASON FOR LEAVING		MAY WE CONTACT? YES _____ No _____ LATER _____

EDUCATION

<u>NAME OF SCHOOL</u>	<u>MAJOR</u>	<u>YEARS COMPLETED</u>	<u>GRADUATE?</u>	<u>DEGREE/DIPLOMA</u>	<u>GPA</u>

REFERENCES

LIST **THREE BUSINESS** REFERENCES THAT ARE NOT RELATED TO YOU

<u>NAME & OCCUPATION</u>	<u>ADDRESS</u>	<u>YEARS KNOWN</u>	<u>PHONE NUMBER</u>
1.			
2.			
3.			

REFERRAL SOURCE: _____ ADVERTISEMENT ___ PRIVATE EMPLOYMENT AGENCY ___ GOVERNMENT EMPLOYMENT AGENCY
 ___ WALK-IN ___ EMPLOYEE ___ RELATIVE ___ KEYPOINT PARTNERS.COM
 OTHER: _____

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD

- EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS

<u>ORGANIZATION</u>	<u>OFFICES HELD</u>

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.

* EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS

LIST ANY ADDITIONAL INFORMATION THAT YOU BELIEVE TO BE RELEVANT TO YOUR APPLICATION

APPLICANT STATEMENT

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED, IN THE ATTACHED RESUME AND THIS APPLICATION IN ORDER TO APPLY FOR AND SECURE WORK WITH THE EMPLOYER, IS TRUE COMPLETE AND CORRECT.

I UNDERSTAND THAT ANY INFORMATION PROVIDED BY ME THAT IS FOUND TO BE FALSE, INCOMPLETE OR MISREPRESENTED IN ANY RESPECT, WILL BE SUFFICIENT CAUSE TO (I) CANCEL FURTHER CONSIDERATION OF THIS APPLICATION, OR (II) IMMEDIATELY DISCHARGE ME FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I UNDERSTAND THAT THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY APPLICABLE LOCAL, STATE OR FEDERAL LAW.

I UNDERSTAND THAT THIS APPLICATION REMAINS CURRENT FOR ONLY 30 DAYS. AT THE CONCLUSION OF THAT TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO REAPPLY AND FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY ASSURANCES TO THE CONTRARY AND THAT NO IMPLIED ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE EMPLOYER'S MANAGING PARTNER.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AND THAT FEDERAL IMMIGRATION LAWS REQUIRE ME TO COMPLETE AN I-9 FORM IN THIS REGARD.

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.

I UNDERSTAND THAT I MAY INCLUDE ANY VERIFIABLE VOLUNTEER WORK EXPERIENCE UNDER THE EMPLOYMENT HISTORY SECTION OF THIS APPLICATION.

I EXPRESSLY AUTHORIZE, WITHOUT RESERVATION, THE EMPLOYER, ITS REPRESENTATIVES, EMPLOYEES OR AGENTS TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES (PERSONAL AND PROFESSIONAL), EMPLOYERS, PUBLIC AGENCIES, LICENSING AUTHORITIES AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION, RESUME OR JOB INTERVIEW. I HEREBY WAIVE ANY AND ALL RIGHTS AND CLAIMS I MAY HAVE REGARDING THE EMPLOYER, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION IN THE EMPLOYMENT PROCESS AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION ABOUT ME.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

SIGNATURE OF APPLICANT _____ DATE: ____/____/____