



30 Kimball Avenue, Suite 101  
 South Burlington, VT 05403  
 Fax: 802-860-6628

# APPLICATION FOR EMPLOYMENT Massachusetts

An Equal Opportunity Employer

## PERSONAL INFORMATION

Applicants may be tested for illegal drug use.

Name (Last Name First) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Are You 18 Years or Older?  YES  NO

## DRIVING INFORMATION

Do you have a valid driver's License?  YES  NO

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type (Operator, CDL, Chauffeur) \_\_\_\_\_

Have you had any accidents during the past three (3) years?  Yes  No If Yes, How Many? \_\_\_\_\_

Have you had any moving violations during the past three (3) years?  Yes  No If Yes, How Many? \_\_\_\_\_

## DESIRED EMPLOYMENT

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Can you work nights and weekends?  Yes  No

How did you hear about this company/ position?  Newspaper Ad  Online Ad  Friend  
 Employment Agency  State Employment Office  Walk-In  Other: \_\_\_\_\_

## EDUCATION/ SERVICE HISTORY

School Level	Name & Location of School	# of Yrs. Attended	Did you graduate?	Subjects/ Trades Studied
High School				
College				
Trade, Business or Correspondence School				
Other				
Service History	Discharge Date	Rank		Comments
Branch of Service				

**LIST LAST THREE EMPLOYERS****(Starting with the Present or Most Recent)**May we contact your present or prior Employer(s)?  Yes  No**1.**Name of Present or Last Employer \_\_\_\_\_ May we contact your Supervisor?  Yes  No

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Reason for Leaving (Please Be Specific) \_\_\_\_\_

**2.**Name of Prior Employer \_\_\_\_\_ May we contact your Supervisor?  Yes  No

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Reason for Leaving (Please Be Specific) \_\_\_\_\_

**3.**Name of Prior Employer \_\_\_\_\_ May we contact your Supervisor?  Yes  No

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Start Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Reason for Leaving (Please Be Specific) \_\_\_\_\_

**REFERENCES (Give Names of Three Persons You Are Not Related To, Whom You Have Known at Least One Year.)**

Name \_\_\_\_\_ Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_ Phone Number \_\_\_\_\_

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature \_\_\_\_\_

Dated \_\_\_\_\_