

# Application For Employment

We consider applicants for all positions without regard to age, race, color, creed, sex, ancestry, national origin, gender identity, sexual orientation, handicap, results of genetic testing, service in the military or any other legally protected status pursuant to **Massachusetts Fair Employment Practices Act** or the **Massachusetts Equal Rights Act**, as well as other applicable federal, state, and local laws.

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend			
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Walk-In			
		<input type="checkbox"/> Relative			
		<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address		Number		Street	
				City	
				State	
				Zip Code	
Telephone Number(s)			Social Security Number (Voluntary)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

\* Note to Applicant: Do not answer this question unless you have been informed that additional languages are a necessary requirement of the job for which you are applying.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES  NO

## References

1. \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**NOTES:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

## NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

