



ONE SHEPARD STREET
CAMBRIDGE MA 02139
© 617-354-8980

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

KIND OF WORK DESIRED: _____

NAME (last) _____ (first) _____ (initial) _____

PRESENT ADDRESS _____

City _____ State _____ Zip _____ PHONE () _____

Are you under 18 years of age? Yes No

Date able to start _____ Have you previously worked or applied for a job here? Yes No If "yes" when? _____

Military Service: Branch _____ Rank _____ Discharge Date: _____ Training /Type of Work Done in Military Service _____

Are you a U.S. Citizen? Yes No If "no", are you authorized to work in the U.S. by the U.S.I.N.S.? Yes No

What foreign languages do you speak fluently? _____

Read? _____ Write? _____

Have you ever been convicted of a felony? Yes No If "yes" explain: _____

Are you able to work all days including Saturdays, Sundays and holidays, and all hours or shifts? Yes No If "no" when are you unable to work? _____

Do you have any medical condition of which we should be aware? Yes No If "yes" explain: _____

| Education | Name of School | City/State | Course of Study | Dates Attended | |
|-----------|----------------|------------|-----------------|----------------|----|
| | | | | From | To |
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Work History - List present or most recent job first. Volunteer work may be included

| Company Name and Address | Dates | | Job Title | Weekly Pay | Reason for Leaving |
|-----------------------------|-------|----|--------------|---------------|-----------------------|
| | From | To | | | |
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I certify that all the information given above is true and complete and I understand that misrepresentation and / or withholding of information will result in the rejection of this application or my discharge if it is discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that no verbal promises or guarantees relating to employment are binding upon the Company. If employed, I agree to abide by the Company's rules and regulations and any changes thereto. I further agree that, if employed, my employment can be terminated with or without cause and without notice at any time by the employer or by me.

Applicants Signature _____ 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.

DO NOT ANSWER THE QUESTIONS BELOW UNTIL

Date of Birth: _____ month _____ date _____ year _____ Social Security Number _____

In Emergency Notify: _____
name

_____ telephone number

Date Hired: _____ Job Classification: _____ Rate: _____