

Application For Employment



New England, Inc.

98 Elm Street, Route 110, Salisbury, Massachusetts 01952
Phone: 978-462-6543 ~ Fax: 978-462-0345 ~ www.spsnewengland.com

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

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 current employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a Commercial Drivers License? Yes No

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Education

	Elementary School	High School	Undergraduate College/University	Graduate / Professional
School Name And Location				
Years Complete				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the U.S. military? Yes No

If yes, please describe: _____

Employment Experience

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

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

Special Skills and Qualifications

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

Employer's Statement

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, disability, or any other legally protected status.

It is unlawful for an employer, his or her agent, or an employment agency, to print or circulate any statements or to use any form of application for employment or to make any inquiry or record or advertisement in connection with employment, which expresses, directly or indirectly, any limitation, specification, preference or discrimination as to the protected class status of any prospective applicant for employment unless based upon a bona fide occupational qualification.

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.

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 and release the company from any liability resulting from the verification process.

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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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, regulations and policies of the employer.

I acknowledge having received all five (5) pages of this application and have read it in its entirety and have paid specific attention to the "Employer's Statement".

Signature of Applicant: _____

Date: _____

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EMPLOYEE INTERVIEW/INTAKE FORM

Name: _____ Telephone Number: _____

Address: _____

Date of Interview: _____

Person Conducting Interview: _____

Position Applicant Being Considered For: _____

Date Scheduled to Start Work: _____

Salary Information: _____

Physical Required: _____

Health Insurance Information: _____

Keys, Credit Cards, Gas Cards Information: _____

Automobile Information: _____

Vacation Information: _____

Pension Information: _____

Special Considerations: _____

Licenses Held: _____

Interviewer Notes & Comments: _____
