



265 Newbury Street
Peabody, Ma 01960

APPLICATION FOR EMPLOYMENT

Date: _____

Name _____ Social Security# _____
(Last) (First) (MI)

Present Address _____
(street) (City) (State) (Zip Code)

Phone Number () Are you 18 Years of Older? Yes () No ()

Are you prevented from lawfully becoming employed
in this country because of visa or immigrations status? Yes () No ()

EMPLOYMENT DESIRED Position Date you can start Salary Desired

Are You Employed Now? If so, may we inquire
of your present employer?

Name and Phone Number of Present Employer

Ever applied to this company before? Where? When?

Referred by

Education Name & Location of school No of Yrs Attended Did you Graduate? Major

High School

College

Trade, Business Or Correspondence School

General Subjects of Special Study or Research Work

Special Skills

Activities: (Civic, Athletic, Etc.)

U.S. Military Service Rank

Present Membership in National Guard or Reserves

Former Employers (List Below Last Three Employers, Starting with Last one First)

Date Month & Year Name & Address Salary Position Reason For Leaving

From To

From To

From To

References: Give the names of three persons not related to you, whom you have known at least one year.

Table with 4 columns: Name, Address, Business, Years Acquainted

THE FOLLOWING STATEMENT APPLIES IN MARYLAND AND MASSACHUSETTS. IT IS UNLAWFUL IN THE STATE OF MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

In Case of Emergency Notify:

(Name) (Address) (Phone Number)

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT. I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING"

Date Signature

DO NOT WRITE BELOW THIS LINE

Interviewed by Date

Remarks:

Neatness

Hired: Yes () No () Position Dept.

Salary / Wage Date Reporting to Work

Approved: 1. General Manager 2. President