

EMPLOYMENT APPLICATION

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The _____ does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL

Date _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Mailing Address _____
(If different) Number Street City State Zip Code

Telephone () _____ Social Security No.: _____

Position(s) desired _____

Salary desired _____ Date Available _____

GENERAL INFORMATION

BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

SELF SCHOOL/ COLLEGE NEWSPAPER OR OTHER PUBLICATION NAME _____ EMPLOYEE REFERRAL NAME _____ OTHER EXPLAIN _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

MIA Loss Control Services

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

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

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

MAY WE CONTACT YOUR PRESENT EMPLOYER?

IMMEDIATELY AFTER ACCEPTANCE OF EMPLOYMENT NO IF NO, GIVE REASON _____

Describe other training, certifications, licenses (CDL, etc.) or experience applicable to the job you are seeking.

If applying for a clerical position, please answer the following questions.

Can you type? _____ (W.P.M. _____) Do you take shorthand? _____ (W.P.M. _____)

Have you used a V.D.T.? _____ (Model _____)

EDUCATION

HIGH SCHOOL				CIRCLE LAST YEAR COMPLETED	
COMPLETE ADDRESS				1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAJOR COURSE	
COLLEGE			MAJOR COURSE OF STUDY		CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS				1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED	
OTHER SCHOOLS OR SPECIALIZED TRAINING			MAJOR COURSE OF STUDY		CIRCLE LAST YEAR COMPLETED
COMPLETE ADDRESS				1 2 3 4	
DATES ATTENDED	FROM /	TO /	GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE OR CERTIFICATE RECEIVED	
SCHOLASTIC HONORS, SCHOLARSHIPS, ETC.					
DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES, GIVE DETAILS					

SEALED RECORD NOTICE

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES NO IF YES, PLEASE EXPLAIN:

You may omit any information or answer "no record" to the following questions regarding: 1. A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or 2. Any conviction where there is a sealed record on file with the commissioner of probation or in any case of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE YEARS?

YES NO IF YES, PLEASE EXPLAIN

REFERENCES:

GIVE BELOW THE NAME OF THREE PROFESSIONAL OR WORK - RELATED REFERENCES.

NAME	COMPANY	TITLE	YEARS ACQUAINTED

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the _____ at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the _____ with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the _____ against any liability which might result from requesting such information.

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.

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 _____