



500 Albany Street | Boston, MA 02118 | Phone (617) 426-4200 | Fax (617) 426-1994

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

Position Applied For:	Date of Application:
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How did you hear about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
		Zip
Telephone Number(s)	Email	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No	N/A
Have you ever been employed with us before?	Yes	No	N/A
If Yes, give date: _____			
Are you currently employed?	Yes	No	N/A
May we contact your present employer?	Yes	No	N/A
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	Yes	No	N/A
<i>Proof of citizenship or immigration status will be required upon employment</i>			
On what date would you be available to start work? _____			
Are you available to work:	Full Time	Part-Time	Temporary
Are you currently on "lay-off" status and subject to recall?	Yes	No	N/A
Do you have dependable means of transportation to and from work?	Yes	No	N/A
If Yes, please explain _____			

EDUCATION

	Name and City of School	Course of Study	Years Completed	Degree Obtained
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experiences.

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied, as they have been explained thus far? Yes No

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.

Employer		Start Date	End Date
Address		Reason for Leaving	
Telephone Number(s)		Work Performed	
Job Title	Supervisor		

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REFERENCES

Name	Telephone Number
Job Title	Company

Name	Telephone Number
Job Title	Company

Name	Telephone Number
Job Title	Company

APPLICANT'S STATEMENT

I certify that the 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 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 and regulations of the employer.

Signature of Applicant

Date