

**APPLICATION FOR EMPLOYMENT**

PO Box 7301, Bloomfield, CT 06002

(860) 242-8119

**PLEASE ANSWER ALL QUESTIONS. RESUMES ARE NOT A SUBSTITUTE FOR A COMPLETED APPLICATION**

**We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For: Name:

Telephone Number: ( ) - Alternate/Cell Number: ( ) –

Permanent Address:

Street, Apartment, or Unit Number

City State Zip

How long have you lived there (Years/months) Email Address

Desired Salary/Hourly Rate:

If Under 18, can you produce the necessary work certificate at the time of employment? 🞎 Yes 🞎 NO

Type of Employment desired? 🞎 Full-Time 🞎 Part time

Are you willing to work overtime 🞎 Yes 🞎 No Date on which you can start work if hired?

Have you previously applied for employment with this company? 🞎 Yes 🞎 No

If Yes, when did you apply:

Have you ever been employed by the Company? 🞎 Yes 🞎 No

If Yes, Provide employment dates, location, and reason for separation from employment.

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work or educational record. For example, change of name, use of an assumed name, nickname etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | **School Name and Location**  **(Address, City, State)** | **Course of Study** | **Graduate?**  **Y or N** | **# of Years Completed** | **Degree/Major** |
| High School |  |  |  |  |  |
| College |  |  |  |  |  |
| Bus./Tech./Trade or Post College |  |  |  |  |  |

Honors Received

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If Self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. (Do not answer “see Resume”)

Employer

Name Address Type of Business

Telephone ( ) Dates Employed From To

Job Title Duties

Supervisor’s Name May we contact? 🞎Yes 🞎No If No, why not?

Wages Start Final Reason for Leaving?

What will this employer say was the reason your employment was terminated?

How Much Notice did you give when resigning? If none, explain.

Employer

Name Address Type of Business

Telephone ( ) Dates Employed From To

Job Title Duties

Supervisor’s Name May we contact? 🞎Yes 🞎No If No, why not?

Wages Start Final Reason for Leaving?

What will this employer say was the reason your employment was terminated?

How Much Notice did you give when resigning? If none, explain.

Have you ever been terminated or asked to resign from any job? 🞎Yes 🞎No If Yes, How many times?

Has your employment ever been terminated by mutual agreement? 🞎Yes 🞎No If Yes, How many times?

Have you ever been given the choice to resign rather than be terminated? 🞎Yes 🞎No If Yes, How many times?

If you answered yes to any of the above questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Company** | **Work Relationship**  (Supervisor, Co-Worker) | **Telephone** |
|  |  |  |  |  |
|  |  |  |  |  |

Please list the names of personal references (Not previous employers or relatives) who know you well that we may contact.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Occupation** | **Telephone** | **# of years known** |
|  |  |  |  |
|  |  |  |  |

**APPLICATION CERTIFICATION**

I understand and agree that if driving is a requirement for the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may have, or may establish, a drug-free workplace and or/ alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with federal, state, and local laws. I also understand that all employees of the location, pursuant of the Company’s policy and federal, state and local law, may be subject to urinalysis and/or blood screening or other medical recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies and acceptable federal, state, local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATION AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state and local laws. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and local law. If applicable and allowed by law, I will receive a separate written notification regarding the Company’s intent to receive “consumer reports.”

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization for any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other corporations, persons or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTEY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYEMENT AFTER THAT TIME YOU MUST RE-APPLY.

I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

DO NOT SIGN UNTILL YOU HAVE READ ALL THE INFORMATION CONTAINED IN THE APPLICATION

Applicant Signature Date

If the applicant is a minor, the foregoing release and consent must be signed by the applicant’s parent or legal guardian. Signature by the applicant’s parent or legal guardian constitutes acknowledgment by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate those test results to Company personnel who need to know, the applicant, and the applicant’s legal guardian.

Parent/Legal Guardian Witness

Date Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DITECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.00. I have read and understand the above statement.

Signature: Date

UNDER MASSACHUTTES LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FEDERA AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.