

## APPLICATION FOR EMPLOYMENT

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, pregnancy or pregnancy related condition, marital status, genetic information or results of genetic testing, national origin or ancestry, age, and present or past history of mental disability, mental retardation, learning or physical disability (including but not limited to blindness), military or veteran status, or being a member of the Reserves or National Guard. Also 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. Proof of authorization to work and of your identity will be required upon employment.

TODAY'S DATE:			
POSITION(S) APPLIED FO	R:		
REFERRAL SOURC	Advertisement Friend Relative Walk-In Employment Agency On-Line Company Website Other:		
NAME:			
ADDRESS:			
TELEPHONE:			
CELL PHONE:			
,	ARE YOU UNDER 18?	□ Yes □ No	
IF YES, CAN YOU FURNISH A WORK PERMIT?		□ Yes □ No	
HAVE YOU FILLED OUT AN APPLICATION HERE BEFORE?		□ Yes □ No	

HAVE YOU EVER BEEN EMPLOYED AT PVCU BEFORE?	□ Yes □ No
IF YES, GIVE DATE(S):	
ARE YOU CURRENTLY EMPLOYED?	□ Yes □ No
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?	□ Yes □ No
MAY WE CONTACT YOUR PRESENT EMPLOYER?	□ Yes □ No
ON WHAT DATE ARE YOU AVAILABLE FOR WORK?	
(CHECK MULTIPLE) ARE YOU AVAILABLE TO WORK:	<ul><li>Full Time</li><li>Part Time</li><li>Shift Work</li><li>Temporary</li><li>Over Time</li></ul>
RE YOU ON A LAY-OFF AND SUBJECT TO RECALL?	□ Yes □ No
CAN YOU TRAVEL IF A JOB REQUIRES IT?	□ Yes □ No

LANGUAGES			
Indicate what languages (including English) you speak, read, and/or write.			
	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

## **REFERENCES**

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

NAME	TITLE	RELATIONSHIP TO YOU	YEARS KNOWN	TELEPHONE	EMAIL

SPECIAL SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experience.		

## REQUIRED NOTICE FOR MASSACHUSETTS EMPLOYERS MAKING CRIMINAL INQUIRIES AT ANY POINT DURING THE APPLICATION PROCESS:

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged on file with the Commissioner of Probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases 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.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.

**AGREEMENT:** I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

SIGNATURE:	DATE:	
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