APPLICATION FOR EMPLOYMENT

Last N	Jame	First	Middle	Date	
Street	Address			Home	Phone
City, S	State, Zip				ss Phone
Have y Yes	you ever applied for employn No If Yes, Month a	nent or been employed and Year		()	
Positio	on Desired	Shift Desired 1st	2^{nd}	Pay Ex	pected
Are yo Yes	ou available for full-time wor No	k?		Will yo Yes	ou work overtime if asked? No
Are yo Yes	ou a U.S. citizen or authorized No	d to work in the U.S.?		When work?	will you be available to begin
How d	lid you learn of our organizat	ion? If Newspaper, st	ate which publication	1.	
Comp	letion of this section is volu	ntary, unless educati	on is requirement o	f the position you	are applying for.
	Name & Locati	on of School	Course of Study	No. of Years Completed	Degree or Diploma
High S	School				
Colleg	ge				
Other					
Descri abilitie		shments, activities, or	acquired skills, whic	h you believe may	be an indication of your job-related
Please your w	give accurate, complete full- vork history, you may include	time and part-time em	EMPLOYME apployment record. Stand on a volunteer be	art with your prese	nt or most recent employer. As part of
1.	Company Name			Telephone ()	
	Address			Employed (State From	Month & Year) To
	Name of Supervisor			Weekly Pay: Start	End
	State Ioh Titles and Desc	ribe vour work		Reasor	o for Leaving

	Address		Employed (State M From	Month & Year) To
	Name of Supervisor		Weekly Pay: Start	End
	State Job Titles and Describe your wor	rk	Reason	for Leaving
3.	Company Name		Telephone	
	Address		Employed (State N	Month & Year) To
	Name of Supervisor		Weekly Pay: Start	End
	State Job Titles and Describe your wor	rk	Reason	for Leaving
	Name	Firm Name and Address	Telepho	ne Number
1.				
2.				
3.				
	R	READ CAREFULLY BEFOR	RE SIGNING	
DRUG I		e or temporary work, I understa	and I must successfi	ully pass a post-offer drug-screening test
	FECTOR NOTICE It is unlawful in Massachusetts to requent. An employer who violates this law			
character employe authorize	AL INFORMATION I certify that the above information is to and ability to perform the job for which res, schools and references. I understanded by me to do so. I recognize further that employment is	h I am applying. I understand , further, that no attempt will b subject to satisfactory reports	that this investigation be made to contact refrom references sol	on may include reports from previous my present employer unless specifically icited, meeting the requirements of the
acts requ		t of the company affiliate or su erstand and agree that employ	ibsidiary involved,	and that misrepresentation or omission of

Date:______ Signature:_____

2.

Company Name

Telephone ()

RELEASE

I have authorized City of Gardner to investigate my character and ability to perform the job for which I am applying. In order to conduct this investigation, I understand that City of Gardner will make inquiries of my previous employers, schools and references. As such, I hereby authorize the provision of character, education and job performance information by my previous employers, schools and references to City of Gardner and release all parties from any liability related to the release of said information. The requested information may include, but it is not limited to:

Dates of employment
Position held
Wages/Salary
Reason for separation from company
Disciplinary actions
Course of study
Verification of completion of degree
Character reference information

Signature		

All requested information should be released City of Gardner upon receipt of a photocopy of this release, as if it were the original.