

abc Disposal Service, Inc.

GENERAL

1245 Shawmut Ave., New Bedford, MA 02745

GENERAL EMPLOYMENT APPLICATION FORM

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

Signature: _____ Date: _____

NAME: _____
Last First Middle
(_____) (_____) _____
Home Phone Number Cell Phone Number Hire Date

ADDRESS _____
Street City State Zip Number of Years

PAST 3 YEARS _____
Street City State Zip Number of Years

RESIDENCY _____
Street City State Zip Number of Years

EMPLOYMENT DESIRED: Full Time Part Time **Days/Hours:** _____

Position: _____ **Date Available to Start:** _____ **Desired Salary:** _____

Are you employed now? Yes No

Have you ever worked at ABC Disposal Service? Yes No **If yes, when and in what capacity?** _____

Are you able to lift up to fifty pounds repeatedly? Yes No

Employment History

CURRENT OR LAST EMPLOYER: Name: _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month / year) (month / year)
Reasons for Leaving _____

SECOND LAST EMPLOYER: Name: _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month / year) (month / year)
Reasons for Leaving _____

THIRD LAST EMPLOYER: Name: _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month / year) (month / year)
Reasons for Leaving _____

FOURTH LAST EMPLOYER: Name: _____ Phone Number (_____) _____
Street Address _____ City _____ State _____ Zip _____
Position Held _____ From _____ To _____
(month / year) (month / year)
Reasons for Leaving _____

May we contact your current employer? YES NO If yes, please provide contact name and telephone number below:

PLEASE COMPLETE REVERSE SIDE

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed

EDUCATIONAL BACKGROUND

Grammar School: _____
Name Address Years Attended Graduate Y / N

High School: _____
Name Address Years Attended Graduate Y / N

College: _____
Name Address Years Attended Graduate Y / N

Degree Earned: _____ Major: _____

Trade, Business or Correspondence School:

Name Address Years Attended Graduate Y / N

Degree earned: _____ Major: _____

MISCELLANEOUS INFORMATION

Any subjects of special study or research work: _____

What foreign languages, if any, do you speak fluently? _____

Read _____ Write _____

U.S. Military Service or Navy Service Rank Present Membership in National Guard or Reserves

REFERENCES: Please list three (3) persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Applicant Signature

Date

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability." MGL Chap. 194 Section 19B