

# Application for Employment



It is the policy of Stavros, to afford equal opportunity to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, marital status, national origin, age, or disability, and to afford equal opportunity to all persons, and any other characteristic protected by Federal, State, or local law. 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.

**All applicants are required to submit a CORI record check as part of the hiring process.**

**Please Print**

**Position(s) applied for:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?..... Yes  No  N/A

Have you ever been employed here before?.....  Yes  No

Can you provide evidence of authorization to work in the United States if a job was offered?  Yes  No

**(Proof of Citizenship or Immigration status will be required upon Employment)**

Date Available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

Are you able to meet the attendance requirements of the position?..... Yes  No

Driver's license number if driving is an essential job function: \_\_\_\_\_ State: \_\_\_\_\_

## **Skills and Qualifications**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Education**

High School: \_\_\_\_\_ **Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ **Did you graduate?** YES NO  
  **Diploma:** \_\_\_\_\_

College: \_\_\_\_\_ **Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ **Did you graduate?** YES NO  
  **Degree:** \_\_\_\_\_

Other: \_\_\_\_\_ **Address:** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ **Did you graduate?** YES NO  
  **Degree:** \_\_\_\_\_

## References

*Please list three professional references. References should not be related to you.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

Dates: From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of the work and responsibilities:	
Reason for Leaving:		May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>	
Dates: From:	To:	Employer:	Phone:
Job Title:		Address:	
Immediate Supervisor and Title:		Summarize the nature of the work and responsibilities:	
Reason for Leaving:		May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>	
Dates: From:	To:	Employer:	Phone:

Job Title:	Address:		
Immediate Supervisor and Title:	Summarize the nature of the work and responsibilities:		
Reason for Leaving:	May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>		
Dates: From:                      To:	Employer:	Phone:	
Job Title:	Address:		
Immediate Supervisor and Title:	Summarize the nature of the work and responsibilities:		
Reason for Leaving:	May we contact your previous supervisor for a reference? YES NO <input type="checkbox"/> <input type="checkbox"/>		

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, either by 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.**

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

**Agreement:** I certify that the information on this application is true, complete and correct. I authorize Stavros to investigate 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 of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_