

Application For Employment



103 Elm Street, Route 110, Salisbury, Massachusetts 01952
Phone: 978-462-1825 ~ Fax: 978-462-1827 ~ www.nesc-inc.com

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement Friend Walk-In
 Employment Agency Relative Other _____

Last Name	First Name	Middle Name
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Address: Number	Street	City	State	Zip Code
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Telephone Number(s)

Email Address (MANDATORY)

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed: Yes No

May we contact your current employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a Commercial Drivers License? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate / Professional
School Name And Location				
Years Complete				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

References

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

1. _____
2. _____
3. _____

Have you ever had any job-related training in the U.S. military? Yes No

If yes, please describe: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

EMPLOYER'S STATEMENT

It is the policy of NESC, Inc. to assure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, protected genetic information, ancestry, age, marital or veteran status, sexual orientation, disability, or any other legally protected status. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training.

It is unlawful for an employer, his or her agent, or an employment agency, to print or circulate any statements or to use any form of application for employment or to make any inquiry or record or advertisement in connection with employment, which expresses, directly or indirectly, any limitation, specification, preference or discrimination as to the protected class status of any prospective applicant for employment unless based upon a bona fide occupational qualification.

Massachusetts General Laws c. 151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants, and their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

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.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and release the company from any liability resulting from the verification process.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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, regulations and policies of the employer.

I acknowledge having received all five (5) pages of this application and have read it in its entirety and have paid specific attention to the “Employer’s Statement”.

Signature of Applicant: _____

Date: _____