

BOSTON INC APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MID INTIAL	PHONE NUMBER	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS? IF YES, PLEASE EXPLAIN.			ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
FULL TIME or PART TIME			
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	REFERRED BY	
HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

EQUAL OPPORTUNITY EMPLOYER

CONTINUED ON OTHER SIDE

EMPLOYMENT EXPERIENCE

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT

DATE MONTH/YEAR	NAME, ADDRESS, PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and authorize the company and its agents to conduct background checks limited to the job scope for which I am seeking employment. I further indemnify the company and or its agents from any damage or otherwise which may result from such checks.

I also understand and agree that no representative of the company has any authority to enter into any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____