



Today's date: _____

Applicants with disabilities may be entitled to a reasonable accommodation under federal and state law. Please inform the company's human resource representative if you need assistance completing this application or to otherwise participate in the application process.

APPLICANT INFORMATION

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Email address: _____ Telephone number: (____) _____

Are you at least 18 years old? Yes No

Are you legally authorized to work in the United States? Yes No
(If hired, you will be required to provide proof of identity and work authorization.)

How did you hear of this job opportunity?

- Agency _____
- Social media _____
- Employee referral _____
- Website/recruiting website _____
- Other _____

JOB INTEREST

Position applied for: _____

Shift preference: _____

How soon could you start? _____

- Full-time
- Part-time

Part-time days/hours preference: _____

Are you available to work overtime? Yes N _____

Our company is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, age, disability, genetic information, gender identity, veteran's status, sexual orientation, or any other characteristic protected by law.

EDUCATION

School Name, City, and State	Major Subject(s)	Number of Years Attended	Certificate, Diploma or Degree Received
High School			<input type="checkbox"/> yes Type: <input type="checkbox"/> no
College			<input type="checkbox"/> yes Type: <input type="checkbox"/> no
Graduate			<input type="checkbox"/> yes Type: <input type="checkbox"/> no
Other (specify)			<input type="checkbox"/> yes Type: <input type="checkbox"/> no

TRAINING COURSES

Describe any relevant training programs you have completed. Include the types of training, sources of training, and the dates of the training.

MILITARY EXPERIENCE

Branch of service: _____

Rank/type of service: _____

Job-related training/experience:

EMPLOYMENT HISTORY

List all employment and include any work performed on a volunteer basis which can be verified, starting with present or most recent. Resumes may not be substituted in lieu of completing the following employment information.

If presently employed, may we contact your employer as a reference? Yes N

Employer information (Name, Address, Phone)	Dates of employment	Reason for leaving
Employer 1	From: To:	
Immediate Supervisor:	Position held:	
Employer 2	From: To:	
Immediate Supervisor:	Position held:	
Employer 3	From: To:	
Immediate Supervisor:	Position held:	
Employer 4	From: To:	
Immediate Supervisor:	Position held:	

QUALIFICATIONS

Please provide any additional information about your qualifications that the company should consider in reviewing your application, including skills, licenses, foreign languages, computer and software knowledge, professional affiliations, publications, awards, and honors.

Please read the following statements. They constitute the conditions under which you would be employed by The Hamilton Company should you be accepted for employment.

I certify that all information that I have provided on this application is true and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts called for in this application may result in denial of employment or immediate dismissal. I give The Hamilton Company permission to investigate all pertinent information contained in this application in order to determine my qualifications for employment.

I understand that if I am employed by The Hamilton Company, my employment is for no definite term (at-will) and that I can be terminated at any time with or without notice and with or without cause. I further understand that no verbal promises or guarantees are binding on The Hamilton Company and that no one, other than the CEO, Chairman of The Hamilton Company, has authority to enter into an agreement for employment contrary to the above, and that any such agreement must be in writing. If employed, I agree to abide by all of The Hamilton Company's rules and policies and any changes thereto.

Signature of applicant

Date

Massachusetts General Laws c.149 s19B requires that the following statement be included on employment applications: "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."
