



APPLICATION FOR EMPLOYMENT

*****To Applicants: Screening tests for alcohol and illegal drug use may be required before hiring, as well as during your employment.**

Please Print Clearly

Today's Date: _____

Position(s) Applied for: _____

How did you hear about our company?

Employment Agency _____ Relative/Friend _____ Employee Referral _____

Company Website Internet Newspaper Walk-in Other

BACKGROUND INFORMATION

Name: _____
(Last) (First) (Middle)

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

Telephone Number: () - _____ (Home) () - _____ (Cell)

Are you over 18 years old? Yes No

Have you ever worked for this Company before? Yes No If yes, give date _____

Have you interviewed here before? Yes No If yes, give date _____

Are you employed now? Yes No

If yes, may we contact your present employer? Yes No

JOB INTEREST

Full-time Days Nights

Part-time Part-time (Days) Part-time (Nights)

Are you able to work any shift? Yes No

If no, please indicate shift preference: 12 Hr. (Days) 12 Hr. (Nights)

Will you work overtime? Yes No

If hired, when would you be available to begin work? _____

Argotec is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, protected Veteran status, or sexual orientation.

EMPLOYMENT HISTORY

List all employment, which can be verified, including any volunteer work. You do not need to include organizational names that would indicate possible membership in a protected class such as race, color, religion, sex or national origin. List your employers, starting with your present employer or most recent.

		Immediate Supervisor	Dates of Employment	Salary History	Position(s) or Job(s) Held	Job Responsibilities	Reason for Leaving
Company Name		Contact:	From:	Starting:			
Street Address		Tel.:	To:	Final:			
City, State, Zip							
Company Name		Contact:	From:	Starting:			
Street Address		Tel.:	To:	Final:			
City, State, Zip							
Company Name		Contact:	From:	Starting:			
Street Address		Tel.:	To:	Final:			
City, State, Zip							
Company Name		Contact:	From:	Starting:			
Street Address		Tel.:	To:	Final:			
City, State, Zip							

Please explain any gaps in employment:

Briefly describe the type of work for which you are best qualified. Note any details about your qualifications which should be considered. Include special skills such as machines operated, licenses, foreign languages, computer skills, etc. _____

EDUCATION												
	High School				College/University				Graduate/Professional			
Name of School												
Years Completed (please circle)	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree/ Course of Study												
Describe Specialized Training or Apprenticeship												

What are your career objectives?

List any professional affiliations, honors and awards, publications, patents, etc. (Exclude any memberships which would reveal age, sex, race, religion, color, national origin, or disability.)

Have you ever been discharged from employment or asked to resign? Yes No

If yes, please explain.

If hired, can you verify your legal right to work in the United States? Yes No

(Pursuant to federal law, within three days of hire, new employees will be required to produce evidence of identity and legal authorization to work in the United States.)

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.”*

Massachusetts General Law c. 151B defines “genetic information” as: *any written record or explanation of a genetic test of a person’s family history with regard to the presence, absence or variation of a gene. A genetic test is broadly defined as “any test of DNA, RNA, mitochondrial DNA, chromosome or proteins for the purpose of identifying genes or genetic abnormalities.”* The law expressly excludes drug and alcohol tests from this definition, meaning that employers may continue to conduct such test in accordance with existing legal requirements.

These new statutory provisions specifically prohibit employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or 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 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. 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, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives for this company.

I acknowledge that any offer of employment is conditioned upon my passing a medical examination the sole purpose of which is to determine whether, with or without reasonable accommodation, I am capable of performing the essential functions of the job for which I am hired; and I understand that said examination will include a screening for foreign substances.

AGREEMENT: I certify that the information on this application is true, complete, and correct to the best of my knowledge. I hereby authorize the investigation of 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 whenever discovered.

Signature of Applicant

Date

Printed Applicant Name