APPLICATION FOR EMPLOYMENT We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin. PERSONAL INFORMATION **Social Security** Date Number Name Last First Middle **Present Address** Street City State Zip **Permanent Address** Street City State Zip Phone No. Referred Are you 18 years of age or older? ☐ Yes First EMPLOYMENT DESIRED Date You Salary Can Start Desired **Position** If So May We Inquire Middle Are You Employed Now? ☐ Yes ☐ No of Your Present Employer? Yes ☐ No Where? When? Ever Applied to this Company Before? Yes Circle Did You Subjects Studied and **EDUCATION** Last Year Name and Location of School Graduate? Degree(s) Received Completed ☐ Yes **Grammar School** ☐ No ☐ Yes **High School** 1 2 3 4 ☐ Yes College 1 2 3 4 ☐ No Trade, Business or ☐ Yes Correspondence 1 2 3 4 ☐ No School **GENERAL** Subjects of Special Study or Research Work Job Related Skills (typing, driver's license, etc.)

Form M660-26NR RV (1999) @1999 Rediform

(Civic, Athletic, etc.)

Activities Other Than Religious

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLO	OYERS List bel	ow your last four employers, sta	arting with the last one fire	st.	-	
Date Month and Year	Name and Address of Employer		Salary (upon leaving)	Position	Reason for Leaving	
From				Œ		
То		Ter.				
From						
То						
From						
То						
From						
То						
REFERENCES Lis	st below three person	ons not related to you, whom yo	ou have known at least or	ne year.	, 2	
Name		Address		Position	Years Acquainted	
1						
2		a				
3			,		:4	
EMPLOYMENT OR ANY CONDITION OF EMPLO	EMPLOYEE TO S YMENT OR COM	UBMIT TO OR TAKE A PO	LYGRAPH, LIE DETEC	CTOR OR SIMILA	MPLOYMENT OR PROSPECTIVARTEST OR EXAMINATION AS IS PROVISION IS GUILTY OF	
It is unlawful in Massachus iolates this law shall be su	Control of the Contro		as a condition of employ	yment or continue	d employment. An employer who	
f you are to be hired by confirming your identity	the company, yo and employment	u will be required to attest eligibility. You cannot be h	to your identity and onired if you cannot co	employment elig mply with these	ibility, and to present document requirements.	
AUTHORIZATION				26		
certify that the facts conta	ained in this applic	ation (and accompanying res	ume, if any) are true an	d complete to the efusal to hire, or d	best of my knowledge. I understan	

matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interwiew, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date	Signature	