



**APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
First Last Middle

Present Address \_\_\_\_\_  
Number Street City, State, Zip

Social Security No. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Over Age 18 (Circle One) Yes No

Position applied for: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Can you work nights? \_\_\_\_\_

Employment Desired \_\_\_ Full Time \_\_\_ Part time

When Can you Start \_\_\_\_\_

**Days/Hours Available to Work**

No. Pref. \_\_\_\_\_ Thur. \_\_\_\_\_

Mon. \_\_\_\_\_ Fri. \_\_\_\_\_

Tues. \_\_\_\_\_ Sat. \_\_\_\_\_

Wed. \_\_\_\_\_ Sun. \_\_\_\_\_

*Friends' has a right to schedule employees as needed*

What is your means of Transportation to work? \_\_\_\_\_

Name of Relative or Friends now working for Friends' Marketplace \_\_\_\_\_

J-1 Student Applicant: Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL      NAME OF SCHOOL      LOCATION      # OF YRS.      MAJOR & DEGREE

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

BUS. OR TRADE SCHOOL \_\_\_\_\_

PROFESSIONAL SCHOOL \_\_\_\_\_

**WORK EXPERIENCE**

**Please list your work experience for the past three years beginning with your most recent job held. If you were self-employed, give business name. Attach more pages as necessary.**

<b>NAME OF EMPLOYER</b>	<b>SUPERVISOR</b>	<b>EMPLOYMENT DATES</b>
<b>ADDRESS:</b>		<b>FROM:</b>
<b>CITY, STATE, ZIP:</b>		<b>TO:</b>
<b>Phone #</b>	<b>Last job Title:</b>	<b>Reason for Leaving</b>

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

<b>NAME OF EMPLOYER</b>	<b>SUPERVISOR</b>	<b>EMPLOYMENT DATES</b>
<b>ADDRESS:</b>		<b>FROM:</b>
<b>CITY, STATE, ZIP:</b>		<b>TO:</b>
<b>Phone #</b>	<b>Last job Title:</b>	<b>Reason for Leaving</b>

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

<b>NAME OF EMPLOYER</b>	<b>SUPERVISOR</b>	<b>EMPLOYMENT DATES</b>
<b>ADDRESS:</b>		<b>FROM:</b>
<b>CITY, STATE, ZIP:</b>		<b>TO:</b>
<b>Phone #</b>	<b>Last job Title:</b>	<b>Reason for Leaving</b>

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

List favorable qualities and/or skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References: (2 Professional and 1 Personal)**

<b>Name</b>	<b>Address</b>	<b>City, State, Zip</b>	<b>Phone #</b>	<b>Association</b>

**Applicant: Please read and attest to the following statement:**

I understand that the forgoing will be verified in order to expedite my application for employment. I hereby authorize Friends' Marketplace to conduct a full investigation into my background. I authorize Friends' Marketplace to obtain my previous work records, employment records, character references & any other information concerning character, ability, and habits, and all other necessary information. Further, I grant authority to the keeper of these records to release said records to Friends' Marketplace for the purpose of making it's hiring decision. I agree that Friends' marketplace shall not be liable in any respect id a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release. I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination. In Compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of documents with this application. I understand that my employment will be at-will, which means that both Friends' Marketplace and I are free to terminate the employment relationship at any time, for any non-statutorily prohibited reason or for no reason at all, with or without notice. Pursuant to MGL Ch. 149, Section 19B, 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 & civil Liability.

Friends' Marketplace is an equal opportunity employer.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_