

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, religion, national origin, sexual orientation, ancestry, disability, age, military service or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT (USE INK)

PERSONAL:			
Name: _____			
(Last)	(First)	(Middle)	
Current Address: _____			
(Street)	(City)	(State)	(Zip Code)
Telephone: _____			
(Include Area Code)			
Permanent Address (if different)			

(Street)	(City)	(State)	(Zip Code)
Telephone: _____			
(Include Area Code)			
Have you ever applied for employment here before? ____ Yes ____ No If yes, when? _____			
Have you ever worked for our company before? ____ Yes ____ No If yes, where? _____			
Dates of Employment _____ Reason for Leaving _____			

PREVIOUS EMPLOYMENT:			
If employment was through a Staffing/Employment Agency , Please list the name, address and contact info for the Agency			
Company / Agency _____ Address _____			
	(Street)	(City)	(State)
Telephone _____	Kind of Business _____	Name / Title of Supervisor _____	
(Include Area Code)			
Employed From _____	to _____	Job Title _____	
(Mo., Yr.)	(Mo., Yr.)		
Duties Performed _____			
Starting Salary _____ Final Salary _____ Reason for Leaving _____			

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EDUCATION:

	Name	City/State	Degree Received Yes or No	Type of Degree Diploma or GED	Major
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____

Commercial courses completed (Include skills, typing, shorthand, business machines, personal computers, etc.) _____

GENERAL:

Are you authorized to work in the United States? _____ Yes _____ No (Proof of citizenship or immigration status will be required upon employment.)

Are you 18 years old or older? _____ Yes _____ No How did you happen to contact our company? _____

Are you available to work full-time _____ part-time _____ temporary _____? If part-time, indicate maximum hours per week _____

What position are you applying for? _____ Starting salary desired _____

Are you currently on layoff or leave from another employer? _____ Yes _____ No

NOTICE: LIE DETECTOR TEST:

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.

NOTICE: PLEASE READ BEFORE SIGNING

- If I am hired, I agree to abide by the rules and policies of The FootBridge Companies.
- I understand that if I am hired, my employment will be for no definite period, and that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of either The FootBridge Companies or me.
- I authorize all persons, companies, prior employers, schools, credit bureaus, and government agencies to supply any information concerning my background, education, and employment and criminal record, and release all parties from all liability for any damage that may result from furnishing same to you. I also release The FootBridge Companies and its agents from all liability from damages arising from this research of my background.
- I certify that the information contained in this application is complete and correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with The FootBridge Companies policy.
- I certify that all of the information that I provide on this application or in any interview will be complete, true, and accurate. I understand that if I am hired, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.
- I agree to comply with The FootBridge Companies Drug and Alcohol Policy.

I have read and fully understand the above Notice Section.

(Print Name)

(Signature)

(Date)