Applicants for employment are considered without regard to race, color, religion, gender, protected sexual orientation, marital status, veteran’s status, national origin, ancestry, age, genetic information or disability. Also, 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application:  |       | Position(s) Applied For:  |       |
|  |
| Referral Source: [ ]  Advertisement [ ]  Friend [ ]  Relative [ ]  Walk-In [ ]  Employment Agency [ ]  Other:        |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       |  |       |  |       |
|  | Last |  | First |  | Middle |
| Address: |       |  |       |  |    |  |       |
|  | No./Street |  | City |  | State |  | Zip |
| Telephone: | (   )    -      | Personal Email Address:­­­­­­­­      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- |
| Are you Under 18? | [ ]  Yes [ ]  No | If employed and you are under 18, can you furnish a work permit? | [ ]  Yes [ ]  No |
|  |
| Have you filed an application here before? | [ ]  Yes [ ]  No | If Yes, give date: |       |
|  |  |  |
| Are you employed now? | [ ]  Yes [ ]  No | May we contact your present employer? | [ ]  Yes [ ]  No |
|  |
| Do you have the legal right to work in the USA? | [ ]  Yes [ ]  No | (According to Federal Law, work authorization documentation will be required upon employment.) |
|  |

|  |  |
| --- | --- |
| On what date would you be available to work? |       |
|  |  |  |
| Are you available to work: | [ ]  Full-Time [ ]  Part-Time [ ]  Shift Work [ ]  Temporary [ ]  Overtime |
|  |
| Are you on a layoff and subject to recall? | [ ]  Yes [ ]  No | Can you travel if job requires it? | [ ]  Yes [ ]  No |
|  |
| Veteran of U.S military service? | [ ]  Yes [ ]  No | If Yes, which branch? |       |
|  |  |  |
| Please describe any special skills or training acquired while in the service: |        |
|  |  |
|  |  |
|  |

Indicate what foreign languages you speak, read and/or write (ANSWER ONLY IF YOUR KNOWLEDGE OF A FOREIGN LANGUAGE IS RELATED TO THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Speak | Read | Write |
| Language | Fluently | Good | Fair | Fluently | Good | Fair | Fluently | Good | Fair |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

PROFESSIONAL REFERENCES

Please provide job related references from previous employers. References may not be related to you.

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone |
|       |       |       |
|       |       |       |
|       |       |       |

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and any verified work performed on a voluntary basis. Exclude organization name which indicate race, color, religion, sex or national origin.

|  |  |
| --- | --- |
| **Job 1** |  |
| Employer: |       |  | Address: |       |
|  |  |  |  |  |
| Job Title: |       |  | Supervisor: |       |
|  |  |  |  |  |
| Work Performed: |       |
|  |  |
|  |
| Dates Employed: |       |  |       |  | Hourly Rate/Salary: |      /    |  |      /    |  |
|  | From |  | To |  |  | Starting |  | Final |  |
| Reason for Leaving: |       |
|  |  |
|  |

|  |  |
| --- | --- |
| **Job 2** |  |
| Employer: |       |  | Address: |       |
|  |  |  |  |  |
| Job Title: |       |  | Supervisor: |       |
|  |  |  |  |  |
| Work Performed: |       |
|  |  |
|  |
| Dates Employed: |       |  |       |  | Hourly Rate/Salary: |      /    |  |      /    |  |
|  | From |  | To |  |  | Starting |  | Final |  |
| Reason for Leaving: |       |
|  |  |
|  |

|  |  |
| --- | --- |
| **Job3** |  |
| Employer: |       |  | Address: |       |
|  |  |  |  |  |
| Job Title: |       |  | Supervisor: |       |
|  |  |  |  |  |
| Work Performed: |       |
|  |  |
|  |
| Dates Employed: |       |  |       |  | Hourly Rate/Salary: |      /    |  |      /    |  |
|  | From |  | To |  |  | Starting |  | Final |  |
| Reason for Leaving: |       |
|  |  |
|  |

|  |  |
| --- | --- |
| **Job 4** |  |
| Employer: |       |  | Address: |       |
|  |  |  |  |  |
| Job Title: |       |  | Supervisor: |       |
|  |  |  |  |  |
| Work Performed: |       |
|  |  |
|  |
| Dates Employed: |       |  |       |  | Hourly Rate/Salary: |      /    |  |      /    |  |
|  | From |  | To |  |  | Starting |  | Final |  |
| Reason for Leaving: |       |
|  |  |
|  |

EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
|  | High School | College/University | Graduate/Professional |
| Years Completed |  [ ]  9 [ ]  10 [ ]  11 [ ]  12 |  [ ]  1 [ ]  2 [ ]  3 [ ]  4 |  [ ]  1 [ ]  2 [ ]  3 [ ]  4 |
| Diploma/Degree |       |       |       |
| Describe Course of Study |       |       |       |
| Describe specialized Training, Apprenticeship, Skills ans Extracurricular Activities |       |       |       |

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/organization. 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 of this company/organization.

AGREEMENT: I certyify that the information on this application is true, complete and correct. I authorize **The College of the Holy Cross** to investigate 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,

|  |  |  |
| --- | --- | --- |
|       |  |       |
|  Signature of Applicant |  | Date |

|  |
| --- |
| **For HR Department Use Only** |
|  |
| Arrange Interview? | [ ]  Yes [ ]  No | Interviewer: |       |  | Date: |       |  |
|  |  |  |  |  |  |  |  |
| Remarks: |       |  |
|  |  |  |
|  |  |  |
|  |  |
| Employed? | [ ]  Yes [ ]  No | Date of Employment: |       |  |
|  |  |  |  |  |
| Job Title: |       |  | Salary: |      /    |  | Department: |       |  |
|  |  |  |  |  |  |  |
| Name and Title: |       |  | Date: |       |  |
|  |  |  |  |  |