

# APPLICATION FOR EMPLOYMENT



PLEASE PRINT CLEARLY IN BLUE OR BLACK INK AND COMPLETE AS MUCH INFORMATION AS POSSIBLE.

## APPLICATION INFORMATION

Date: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_

SS#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE?:  YES  NO

ARE YOU A LEGALLY AUTHORIZED TO WORK IN THE U.S.?:  YES  NO

HOW DID YOU HEAR ABOUT NORFOLK?:  NEWSPAPER  AGENCY  EMPLOYEE REFERRAL Name: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## JOB INTEREST

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_

IF NOT, WHEN WAS YOUR LAST DAY OF EMPLOYMENT? \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

SHIFT PREFERENCE:  FULL TIME  PART TIME  TEMP  SEASONAL

PART TIME DAYS / HOURS PREFERENCE:

HOW SOON COULD YOU START? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK OVERTIME? \_\_\_\_\_

# EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME & CITY	GRADUATE?	COURSE OR MAJOR?
COLLEGE			
TECHNICAL			
HIGH SCHOOL			
OTHER			

## PRESENT & PREVIOUS EMPLOYMENT

BEGIN WITH YOUR MOST RECENT EMPLOYMENT

COMPANY NAME: \_\_\_\_\_ DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ HOURS WORKED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ HOURS WORKED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATES WORKED: \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

REASONS FOR LEAVING: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ HOURS WORKED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

# WORK REFERENCES

NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
\_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
\_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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NAME: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
COMPANY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
WORK ADDRESS: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
\_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## SPECIAL SKILLS

DATA ENTRY     10-KEY CALCULATOR     BILINGUAL: \_\_\_\_\_  
 SOFTWARE: \_\_\_\_\_     PROGRAMMING LANGUAGES: \_\_\_\_\_  
 DATABASE: \_\_\_\_\_     MANUFACTURING EQUIPMENT: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

## REQUIRED LICENSE(S)

IF REQUIRED TO DRIVE A MOTOR VEHICLE IN THE JOB APPLIED FOR, DO YOU HAVE A VALID DRIVER'S LICENSE?:

YES     NO    STATE: \_\_\_\_\_    LICENSE #: \_\_\_\_\_

ARE YOU LICENSED WITH ANY GROUP, ASSOCIATION OR SOCIETY RELATING TO THE JOB FOR WHICH YOU ARE APPLYING?

YES     NO    LICENSE NAME & #: \_\_\_\_\_    ISSUING STATE: \_\_\_\_\_

# JOB APPLICANTS AGREEMENT & CERTIFICATION

I certify that the information given by me in this application is true and complete in all respects. I agree that falsified information, misrepresentations, or omissions shall be considered sufficient cause for denial of employment or discharge whenever discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all listed references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I further release all such persons from any liability or damages resulting from having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Norfolk Companies and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Norfolk Companies unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Norfolk Companies similarly retains the right to terminate my employment at any time, with or without cause.

I understand that prior to being offered employment with the Norfolk Companies, I may be requested to take an employment assessment. In the event I have a disability that will affect my ability to take such test, I will inform the Norfolk Companies prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Norfolk Companies reserves the right to require medical documentation concerning the need for accommodations.

I understand that if employed, I will abide by all policies and rules which are issued by the Norfolk Companies, and understand that Norfolk Companies may revise such policies and rules, in whole or in part, at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

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SIGNATURE OF APPLICANT

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DATE

NAME OF APPLICANT (PLEASE PRINT) \_\_\_\_\_

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.

The Norfolk Companies is an equal opportunity employer. All qualified applications will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity/expression, ancestry, national origin, age, disability, handicap, pregnancy, genetics or veteran status.

# Availability Form

The Norfolk Companies are open 6AM to 6PM Monday through Saturday and 10AM – 4PM on Sunday.

Please list the times that you are available to start and end work on the listed days. Listing available start and end times does not guarantee that you will get these hours. You may change your availability at any time, however, any changes in your availability may result in losing full time status.

Name: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_