Application For Employment

TOWN OF TOLLAND MASSACHUSETTS



Applicants are considered for all position without regard to race, color, religion, sex national origin, age marital or veteran status, or the presence of a non-job-related medical condition or handicap.

condition or handicap.
PLEASE PRINT) Date of Application
Position(s) Applied For
Referral Source: Advertisement Friend Relative Walk-In
Employment Agency Other
Name
LAST FIRST MIDDLE
Address CITY STATE ZIP CODE
NOMBER STREET
Telephone () Social Security Number
Area Code
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
Have you ever been employed here before? Yes No If Yes, give date
Are you employed now? Yes No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Statue? Yes No (Proof of citizenship or immigration status may be required upon employment.)
On what date would you be available for work?
Are you available to work Full Time Part-Time Shift Work Temporary
Are you on a lay-off and subject to recall? Yes No
Can you travel if a job requires it? Yes No
Have you been convicted of a felony within the last 7 years? No Yes (Conviction will not necessarily disqualify applicant from employment.)
If Yes, please explain

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Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

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Reason for Leaving		
If you need additional space, please conti	inue on a	separate sheet of paper.

Education

	Elementary	High	College/University	Graduate/ Professional
School Name	6T			
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course of Study:		Sarring Commencer	8.06	no i to ikana
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	or or start of	Constitution of the consti		Academy Academ

Honors Received

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the Company.

The condition is also if	Signature of Applicant	Date
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This Application For Employment and Applicant Data Record is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the inclusion in said form of any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Applicant Data Record

Applicants are considered for all position, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)	Date	
Position(s) Applied For		
Referral Source:	Advertisement Friend Relative Walk-In	
	Employment Agency Other	
Name	Phone () FIRST MIDDLE Area Code	
Address	STREET CITY STATE ZIP CODE	
	Affirmative Action Survey	
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For Personn	nel Department Use Only
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