

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Company Name _____ Date _____

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

For Rhode Island Employers Only: This Company is subject to the Workers' Compensation laws of the State of Rhode Island.*

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Name _____ Position Applied For _____ (list only one)

Telephone Number () _____ - _____ Alternate/Cellular Telephone Number () _____ - _____

Present Address _____
Street, Apartment, or Unit Number _____
How long have you lived there ____/____ Years/Months
City State Zip

Email Address (optional) _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Part-time (Specify Hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see *résumé*."

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

DRIVING INFORMATION [Optional] (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No.: _____ State: _____

Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? Yes No

If yes, explain:

Do you have personal automobile insurance? Yes No

If no, explain:

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes No If yes, explain:

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.

Applicant Signature _____ **Date** _____ / _____ / _____

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.

FOR CALIFORNIA APPLICANTS ONLY: BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

*This employment application not appropriate for use by Rhode Island employers exempt from the state's Workers' Compensation laws.

Tips for Viewing and Using Fillable PDFs

Save the form to your computer before completing it

We suggest that you first download the PDF form to your computer or network drive, and then open it with Adobe Reader and fill it. You can either type information directly into each field, or copy and paste text. The font is preselected and cannot be changed. You can only type regular text (upper and lower cases); the system will not accept underlined text, bold or italics, script or formulas, curved or slanted apostrophes, double quotation marks or long dashes.

You can save your data and re-open the file later to modify or enter additional information.

Use the latest version of Adobe Reader

To open and complete the PDF application forms, you will need Adobe Reader (the latest version is recommended). If you do not have it installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>.

Mac users: don't use Preview

For Macintosh system users: DO NOT use the Preview program to fill in the PDF form. Adobe Reader is the only program that will allow you to work with the form properly, and allow us to read the results once back on a Windows machine. If you do not already have Adobe Reader, please use the link above to install it to your machine.

Chrome users: don't use Chrome PDF Viewer

For Chrome browser users: DO NOT use the Chrome PDF viewer program to fill in the PDF form. Adobe Reader is the only program that will allow you to work with the form properly. If you do not already have Adobe Reader, please use the link above to install it to your machine. Please use the instructions below to disable Chrome PDF viewer in your browser.

Turn off in-browser viewing

If you are having problems using the form via your browser, use the instructions here to turn off in-browser PDF viewing: <http://helpx.adobe.com/acrobat/using/display-pdf-browser-acrobat-xi.html> Or, try the instructions below.

Print only when your cursor is not in a form field

Use your mouse to select an area of the form that is not inside a form field or hit the tab key after completing the entry of your last box before printing your form. If a form field is active (e.g. contains the blinking bar) the contents of that block will not print.

Print from Acrobat, not the browser

If the fillable form is displayed within your web browser's window be sure to use the printer button on the Acrobat toolbar menu to print the form instead of your web browser's print function.

Save the file

If you experience problems printing PDF forms once you have filled them in, save the data file containing your information to your local drive.

Downloading and Saving the Form

Save the form to your computer before attempting to complete it

Fillable PDF forms may be completed and saved using [Adobe Acrobat Reader](#) (this software must be loaded on your computer). To accomplish this you must first save the empty form on your own computer:

1. Position your cursor on the form link and click with your **right mouse button** (do not activate the link and open the form)
2. From the menu that pops up, select the **Save target as...** option in Internet Explorer or the **Save link as...** or similar option in another browser
3. You should then be prompted to choose a location to save the file
4. Select the location on your own computer or network and click on the **Save** button
5. Once saved, navigate to the file

Completing fillable forms

Fill out the form and save it using Adobe Acrobat Reader:

1. Use the Adobe Acrobat Reader to open the empty PDF form that you saved on your own computer or network
2. Complete the form
3. On the Reader menu, go to **File > Save As**
4. Choose either the PDF (recommended) or Text format
5. You should then be prompted to choose a location to save the file
6. Select the location on your own computer or network and click **Save**

Troubleshooting

Form or Field Exceeds Printed Page

If you cannot see the complete text of what you typed, your text is too long. You must shorten your entry to the words you can see, as only visible text will be printed. Some

printers may require use of the “Shrink to Fit” printer dialog box to be checked in order to print the form on a single page.

A .pdf file does not open

You clicked the link for a .pdf file and the file did not open. Adobe Reader, or equivalent software, may not be installed on your computer. Install the software and try to open the .pdf file again.

Unable to view or download a .pdf file using Adobe Reader

You cannot view, print, or download a .pdf file in Adobe Reader. To resolve this, modify your Reader PDF viewer preferences:

1. Close the browser
2. Open Adobe Reader
3. On the menu bar, go to **Edit > Preferences > Internet**
4. Under Options, make sure that Display PDF in Browser is **not** selected
The next time you click on a link to a .pdf form or publication, it will open in a separate browser window.

A .pdf does not print correctly or does not print at all

You can try to resolve the problem by printing the PDF as an image.

If you are using Adobe Reader:

1. Click on the **print** icon
2. In the Print dialog box, click **Advanced**
3. Check the **Print As Image** checkbox
4. Click **OK** to close the Advanced Print Setup dialog box
5. Click **OK** or **Print** in the Print dialog box

If printing the PDF as an image does not resolve the problem, try the following:

- Make sure you are using the latest printer driver for your printer
- Try printing to a different printer
- Download the file again to your hard drive and print
- Refer to your printer manual for further assistance

Unable to use Google Chrome and Safari PDF viewers

In some cases, the PDF viewer is embedded in the browser itself. Below are solutions for resolving problems with Google Chrome and Safari viewers.

Unable to use the Google Chrome PDF viewer

The Google Chrome built-in PDF viewer may not allow you to view a PDF or access certain functionalities, or functions such as automatic calculation may not work as expected. To resolve this, follow these steps:

1. Open Chrome and, in the address bar, type: **chrome://plugins/**, and then press **[Enter]**
2. Scroll down to the **Chrome PDF Viewer**
3. Click the **Disable** link to prevent PDFs from loading within Chrome
4. Download the files onto your computer
5. Open them in another standalone application such as Adobe Reader

Unable to use the Safari PDF viewer

The Safari built-in PDF viewer may not allow you to view a PDF or access certain functionalities. To resolve this, follow these steps:

1. Close Safari
2. Open Terminal and type the following:
`defaults write com.apple.Safari WebKitOmitPDFSupport -bool YES`
3. Restart Safari
4. Click on a PDF to download it to the Downloads folder

Change the default PDF viewer in Firefox

Firefox users may also wish to change their default viewer to Adobe Reader.

1. Open Firefox and navigate to **Tools > Options**
2. Click on the **Applications** tab
3. Under Content Type, scroll down to **Portable Document Format (PDF)** and, from the Action dropdown menu, select **Use Adobe Reader**
4. Close the Options tab or window