



EMPLOYMENT APPLICATION

Position Applied for: _____ Date of Application: ____/____/____

New England Electropolishing is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religion, national origin, ancestry, gender, age, disability, veteran's status, sexual orientation or genetics.

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Telephone _____ Cell Phone _____

E-mail Address _____

If necessary, best time to call you at home is _____:____ A.M./P.M.

May we contact you at work? Yes No

Have you submitted an application here before? Yes No

If yes, give date(s) ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work..... ____/____/____

Will you relocate if job requires it?..... Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Referral Source Job Board Employee Referral Walk-in
 State Employment Agency Other _____

Name of referral source (if applicable) _____



Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

A. List last three (3) schools attended, starting with the most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Major field of study.

A. School	B. Years Completed	C. Degree Diploma	D. Major

References

List name, work relationship to you, and telephone number of three (3) professional references who are *not* related to you.

Name	Work Relationship	Telephone	Years Known

List name and telephone number of two (2) personal references who are *not* related to you.

Name	Telephone	Years Known

List special accomplishments, awards, etc. Exclude information that would reveal gender, race, religion, national origin, age, color, disability or other protected status.



I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA (American Disabilities Act). 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 the Human Resources Department.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

For Massachusetts Applicants: 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.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____