Application for Employment

Whitney's Farm Market

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, pregnancy or pregnancy related condition, marital status, genetic information or results of genetic testing, national origin or ancestry, age, and present or past history of mental disability, mental retardation, learning or physical disability (including but not limited to blindness), military or veteran status, or being a member of the Reserves or National Guard. 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.

Email: _____

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency

On-Line Company Web Site Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Telephone (_____) _____ Cell Phone ( )

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 _____

Have you ever been employed here before? Yes No
If yes, give date _____

Are you employed now? Yes No

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

May we contact your present employer? Yes No

(Proof of authorization to work and of your identity will 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 Over Time

Are you on a lay-off and subject to recall? Yes No

COMPLETE THIS SECTION ONLY IF CHECKED

Indicate what languages (including English) you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
Speak			
Read			
Write			

REFERENCES

Give name, address and telephone number of three references who are not related to you. (previous employers preferred)

NAME	ADDRESS	PHONE NUMBER

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

Employment Experience

Start with your present or last job. You may elect to include military service assignments. Provide any verified work performed on a volunteer basis. You may exclude organization names which indicate race, creed, color, religion, sex, sexual orientation, gender identity or expression, transgendered status, marital status, genetic information, national origin, age, and disability, military or veteran status, or being a member of the Reserves or National Guard.

Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Email		
Job Title	Dates Employed		
Supervisor	Start Date	End Date	
Reason for Leaving			
Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Email		
Job Title	Dates Employed		
Supervisor	Start Date	End Date	
Reason for Leaving			
Employer	Phone		Work Performed
Address	FAX		
City, State, Zip	Email		
Job Title	Dates Employed		
Supervisor	Start Date	End Date	
Reason for Leaving			
Employer	Phone:		Work Performed
Address	FAX:		
City, State, Zip	Email:		
Job Title	Dates Employed:		
Supervisor	Start Date	End Date	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Education

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

_____

_____

_____

_____

REQUIRED NOTICE FOR MASSACHUSETTS EMPLOYERS MAKING CRIMINAL INQUIRIES AT ANY POINT DURING THE APPLICATION PROCESS:

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions.

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged on file with the Commissioner of Probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Education

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed (please Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

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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 certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of 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 HUMAN RESOURCE DEPARTMENT ONLY

Arrange Interview Yes No

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title Date