

**For Office Use Only:**

Arrange for Interview:  Yes  No

Date/Time: \_\_\_\_\_

Interviewer(s): \_\_\_\_\_



# CPF, INC - Application for Employment

**Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, genetic information, national origin, age, and disability, military or veteran status, Vietnam Era Veteran, 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.**

*(PLEASE PRINT)*

DATE OF APPLICATION: \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Walk-In  Temporary Employment Agency  Other

If referred by a CPF Employee, please list employee's name: \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ (optional)

Which is the better telephone # to call?  Home  Cell Email: \_\_\_\_\_ (optional)

Are you under 18?  Yes  No Are you employed now?  Yes  No

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

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? \_\_\_\_\_

Expected hourly pay rate \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Overtime  Weekends  Temporary Position

What shift are you available to work:  First  Second  Third

Summarize special skills and qualifications acquired from employment or other experience:\*

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*\*If additional space is needed, please continue on a separate sheet of paper*

# 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, marital status, results of genetic testing, national origin, age, disability, military status, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard.

Employer	Phone:	Work Performed
Address		
City, State, Zip	Hourly Rate/Salary:	
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving		
Employer	Phone:	Work Performed
Address		
City, State, Zip	Hourly Rate/Salary:	
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving		
Employer	Phone:	Work Performed
Address		
City, State, Zip	Hourly Rate/Salary:	
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving		
Employer	Phone:	Work Performed
Address		
City, State, Zip	Hourly Rate/Salary:	
Job Title		
Supervisor	Dates Employed:	
Reason for Leaving		

## EDUCATION

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma Degree Describe Course of study				
Specialized training, apprenticeship and extracurricular activities				

## REFERENCES

List name and telephone number of three references (who are not related to you.) Previous employers are preferred.

NAME	COMPANY NAME & JOB TITLE	TELEPHONE NUMBER

## SIGNATURE:

**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 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.**

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Signature of Applicant

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Date Signed