

Application For Employment



725 Front Street, Chicopee, MA 01020
413-598-8311 – www.celd.com

CEL considers applications for all positions without regard to race, creed, color, religion, sex, sexual orientation, gender identity, 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.

(PLEASE PRINT CLEARLY)

Date of Application _____

Position(s) Applied For _____

How Did You Learn About Position(s)

- Advertisement Relative Friend Inquiry
 Employment Agency CEL Website Other _____

Last Name

First Name

Middle Name

Address *Number*

Street

City

State

Zip

Telephone Number

Cell Phone

Are you under the Age of 18? Yes No

If yes, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date _____

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

Are you currently employed? Yes No

May we contact your present employer? Yes No

(Proof of authorization to work and 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

Can you travel if job requires it? Yes No

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		
Job Title		
Supervisor Name	Date Employed	
Reason for Leaving	Start Date	End Date
Employer	Phone	Work Performed
Address		
City, State, Zip		
Job Title		
Supervisor Name	Date Employed	
Reason for Leaving	Start Date	End Date
Employer	Phone	Work Performed
Address		
City, State, Zip		
Job Title		
Supervisor Name	Date Employed	
Reason for Leaving	Start Date	End Date

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
College/University				
Graduate/Professional				
Other (Specify)				

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

References

Name	Address	Phone Number

Applicants Statement

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. 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 this written statement supersedes any and all oral representations made by agents or representatives of this company.

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.

Signature of Applicant

Date

FOR CEL INTERNAL USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____

CEL Department _____

BY _____

Name and Title

_____ Date