



# Application for Employment

**E.T. & L. Corp.**

Date of Application \_\_\_\_\_

**APPLICANT INFORMATION (PLEASE PRINT)**

Last Name	First	M.I.
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Street Address
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City	State	ZIP
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Phone	E-mail Address
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Position(s) Applied for:
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Date Available:	How were you referred to us?
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Are you available to work: (Circle all which apply)	Full Time	Part Time	Temporary	Overtime
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Are you on a lay-off and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you legally authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you under age 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and what position?
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Why did you leave?
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Do you know any language other than English?	Veteran of the U.S. military service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Branch:
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Are you a member of a Union?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, Which one?
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**EDUCATION**

<b>High School</b>	
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Address
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Years Completed (Circle One)	9	10	11	12	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>College</b>	
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Address
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Years Completed (Circle One)	1	2	3	4	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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<b>Other</b> (Trade, Professional, Graduate School, Military)		Address
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Years Completed (Circle One)	1	2	3	4	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
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Describe specialized training, apprenticeship, skills, and extracurricular activities and honors received:
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**REFERENCES** *Please list two professional references that are not related to you and are not previous employers.*

Full Name	Relationship
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Company	Phone ( )
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Address	
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Full Name	Relationship
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Company	Phone ( )
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Address	
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**PREVIOUS EMPLOYMENT**

<b>Most Recent Company</b>	Phone ( )
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Address	Supervisor
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Job Title
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Responsibilities
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Start Date	End Date	Reason for Leaving
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Please provide a reference name and phone number
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<b>Previous Company</b>	Phone ( )
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Address	Supervisor
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Job Title
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Responsibilities
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Start Date	End Date	Reason for Leaving
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Please provide a reference name and phone number
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Summarize special skills and qualifications acquired from employment or other experience:
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**DISCLAIMER AND SIGNATURE**

Applicants for employment are considered without regard to race, color, religion, sex, protected sexual orientation, marital status, veteran's status, national origin, ancestry, age or handicap. 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. E.T. & L. Corp. is an Equal Opportunity Employer.

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 authorize E.T. & L. Corp. to investigate 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	Date
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