



EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK AND COMPLETE AS MUCH INFORMATION AS POSSIBLE

Personal Information

Date of Application: _____

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

ARE YOU AT LEAST 18 YEARS OF AGE?: YES NO

ARE YOU A LEGALLY AUTHORIZED TO WORK IN THE U.S.?: YES NO

HOW DID YOU HEAR ABOUT NORFOLK? NEWSPAPER AGENCY ONLINE SOURCE: _____

EMPLOYEE REFERRAL Name:: _____

Job Interest

POSITION APPLIED FOR: _____

ARE YOU CURRENTLY EMPLOYED? YES NO DATE AVAILABLE TO START: _____

IF NO, WHEN WAS YOUR LAST DAY OF EMPLOYMENT? _____

SHIFT PREFERENCE: FULL TIME PART TIME SEASONAL _____ TO _____
(DATE) (DATE)

The Norfolk Companies are open 6AM to 6PM Monday through Saturday and 10AM – 4PM on Sunday.

DAYS/HOURS AVAILABLE TO WORK:

	SUN	MON	TUE	WED	THU	FRI	SAT
FROM							
TO							

Educational Background

TYPE OF SCHOOL	NAME & CITY	GRADUATE?	COURSE OR MAJOR?
COLLEGE			
TECHNICAL			
HIGH SCHOOL			
OTHER			

Present & Previous Employment

BEGIN WITH YOUR MOST RECENT EMPLOYMENT

COMPANY NAME: _____ DATES WORKED: _____ TO _____

ADDRESS: _____ POSITION HELD: _____

REASONS FOR LEAVING: _____

PHONE: _____

TYPE OF BUSINESS: _____ HOURS WORKED: _____

SUPERVISOR: _____

COMPANY NAME: _____ DATES WORKED: _____ TO _____

ADDRESS: _____ POSITION HELD: _____

REASONS FOR LEAVING: _____

PHONE: _____

TYPE OF BUSINESS: _____ HOURS WORKED: _____

SUPERVISOR: _____

COMPANY NAME: _____ DATES WORKED: _____ TO _____

ADDRESS: _____ POSITION HELD: _____

REASONS FOR LEAVING: _____

PHONE: _____

TYPE OF BUSINESS: _____ HOURS WORKED: _____

SUPERVISOR: _____

Work References (references should be business related)

NAME: _____ YEARS KNOWN: _____

COMPANY: _____ RELATIONSHIP: _____

WORK ADDRESS: _____ JOB TITLE: _____

HOME PHONE: _____

WORK PHONE: _____

NAME: _____ YEARS KNOWN: _____

COMPANY: _____ RELATIONSHIP: _____

WORK ADDRESS: _____ JOB TITLE: _____

HOME PHONE: _____

WORK PHONE: _____

NAME: _____ YEARS KNOWN: _____

COMPANY: _____ RELATIONSHIP: _____

WORK ADDRESS: _____ JOB TITLE: _____

HOME PHONE: _____

WORK PHONE: _____

Special Skills

DATA ENTRY 10-KEY CALCULATOR BILINGUAL: _____

SOFTWARE: _____ EQUIPMENT: _____

DATABASE: _____ MANUFACTURING EQUIPMENT: _____

OTHER: _____

Required License(s)

IF REQUIRED TO DRIVE A MOTOR VEHICLE IN THE JOB APPLIED FOR, DO YOU HAVE A VALID DRIVER'S LICENSE?:

YES NO STATE: _____ LICENSE #: _____

ARE YOU LICENSED WITH ANY GROUP, ASSOCIATION OR SOCIETY RELATING TO THE JOB FOR WHICH YOU ARE APPLYING?

YES NO LICENSE NAME & #: _____ ISSUING STATE: _____

Job Applicant's Agreement & Certifications

I certify that the information given by me in this application is true and complete in all respects. I agree that falsified information, misrepresentations, or omissions shall be considered sufficient cause for denial of employment or discharge whenever discovered. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all listed references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I further release all such persons from any liability or damages resulting from having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Norfolk Companies and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Norfolk Companies unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Norfolk Companies similarly retains the right to terminate my employment at any time, with or without cause.

I understand that prior to being offered employment with the Norfolk Companies, I may be requested to take an employment assessment. In the event I have a disability that will affect my ability to take such test, I will inform the Norfolk Companies prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Norfolk Companies reserves the right to require medical documentation concerning the need for accommodations.

I understand that if employed, I will abide by all policies and rules which are issued by the Norfolk Companies, and understand that Norfolk Companies may revise such policies and rules, in whole or in part, at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

SIGNATURE OF APPLICANT

DATE

NAME OF APPLICANT (PLEASE PRINT) _____

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.

The Norfolk Companies is an equal opportunity employer. All qualified applications will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity/expression, ancestry, national origin, age, disability, handicap, pregnancy, genetics or veteran status.

HR Use:

Status	
Notified	