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Application for Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

<u>APPLICANT INFORMATION</u>		Today's Date: _____
Last Name: _____		First Name: _____ Middle: _____
Street Address: _____		Apt # _____
City: _____		State: _____ Zip: _____
Home Phone: _____		Cell Phone: _____
E-mail Address: _____		
Social Security # _____		If under 18, please list age: _____
Position Applied For: _____		Days/Hours you are available to work
Date Available: _____		No Preference _____ Thursday _____
Desired Salary/Hourly Pay: _____		Monday _____ Friday _____
How many hours can you work weekly? _____		Tuesday _____ Saturday _____
Can you work nights? YES <input type="checkbox"/> NO <input type="checkbox"/>		Wednesday _____ Sunday _____
Can you work weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when? _____
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain: _____
Do you have a valid driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>		
What is your means of transportation to work? _____		
Have you ever been in the armed forces? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes: From: _____ To: _____
Are you a member of the National Guard? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, Specialty? _____

<u>EDUCATION</u>			
HIGH SCHOOL			
Name of School: _____		Address: _____	
From: _____	To: _____	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
COLLEGE			
Name of College: _____		Address: _____	
From: _____	To: _____	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major & Degree _____
BUSINESS OR TRADE SCHOOL			
Name of School: _____		Address: _____	
From: _____	To: _____	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major & Degree _____
PROFESSIONAL SCHOOL			
Name of School: _____		Address: _____	
From: _____	To: _____	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major & Degree _____

REFERENCES

Please list two professional references other than relatives or previous employers

Name:	Name:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
E-Mail:	E-Mail:

PREVIOUS EMPLOYMENT

Company:	Phone:	
Address:	Supervisor:	
	Starting Salary \$	
Job Title:	Ending Salary \$	
Responsibilities		
From:	To:	Reason for leaving?
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:	Phone:	
Address:	Supervisor:	
	Starting Salary \$	
Job Title:	Ending Salary \$	
Responsibilities		
From:	To:	Reason for leaving?
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Company:	Phone:	
Address:	Supervisor:	
	Starting Salary \$	
Job Title:	Ending Salary \$	
Responsibilities		
From:	To:	Reason for leaving?
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____