

Industrial Technical Services Inc

251 Union Street, Westfield, MA 01085

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

(PLEASE PRINT)	Date of Application/					
Position Applied For						
How did you hear of this opening	?					
Last name	First name		Middle name			
Street Address						
City	State	Zip Code	e			
Telephone Number ()	Cell	Number ()				
Social Security #	Ema	il				
When can you start?	Desire	ed Wage \$				
Are you a U.S. citizen or otherwis may be required to provide docum			ın unre	stricted	l basis? (You
Are you over 18 years or older?	☐ Yes ☐ No If no,	list date of birth	<u> </u>	_/	_/	
Have you ever filed an application If yes, please give date/		Yes 🗖 No				
Have you ever been employed with If yes, please give date/		□ No				
Are you looking for full-time emp	oloyment? 🗆 Yes 🗆	l No				
If no, what hours are you available	e?					
Are you available to work on wee	kends and/or holiday	s? □ Yes □ N	No			
When will you be available to beg	gin work?					
Can you travel if a certain job rea	uires it? 🗆 Ves - 🗀 N	Jo				

Have you ever been convicted of a fe	lony? (This w	ill not necessar	rily affec	t your ap	plication.)
If yes, please describe conditions					
Education					
School Name and Loc			Year	Major	Degree
High School					
College				_	
College					· ———
Post-College					·
Other Training				_	
Military Experience					
Did you serve in the U.S. Armed Force	ces? 🗆 Yes	□ No			
If yes, in what Branch?					
Please list any military experience inc					
In addition to your work history, are t	there other ski	lls, qualificatio	ons, or ex	perience	that we
should consider?					
Professional Licenses, Certification	s or Registrs	ntions•			
Type:	, 0				
Number:					
Issuing Agency:			/	/	
Expires:/		_Date Issued	/	/	
Lapnes/					
Type:					
Number:					
Issuing Agency:			/_	/_	
Expires:/					

Employment History (Start with most recent employer) Company Name _____ Address _____ Telephone Date Started _____ Starting Wage ____ Starting Position ____ Date Ended _____ Ending Wage ____ Ending Position ____ Name of Supervisor ______ May we contact? \(\sigma\) Yes \(\sigma\) No Responsibilities Reason for leaving _____ Company Name Address _____ Telephone _____ Date Started _____ Starting Wage ____ Starting Position ____ Date Ended _____ Ending Wage ____ Ending Position ____ Name of Supervisor ______ May we contact? \(\bar{\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texi{\text{\texi{\texi{\texi{\texi{\texi}\texi{\texi{ Responsibilities _____ Reason for leaving _____ Company Name _____ Address _____ Telephone _____ Date Started _____ Starting Wage ____ Starting Position _____ Date Ended _____ Ending Wage ____ Ending Position ____ Name of Supervisor ______May we contact? \square Yes \square No Responsibilities Reason for leaving _____ Company Name _____ Address _____ Telephone _____ Date Started _____ Starting Wage ____ Starting Position ____ Date Ended _____ Ending Wage ____ Ending Position ____

Name of Supervisor ______ May we contact? \(\begin{aligned} \text{Yes} \\ \ext{D} \text{ No} \\ \ext{No} \\ \ext{

Reason for leaving

Responsibilities _____

Applicant's Statement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

Signature	Date
FOR EMPLOYER USE ONLY	
Arrange Interview □ Yes □ No Interviewer	Date
Employ? Yes No Start Date/ Starting I	Pay
Notes	