



104 Eastern Ave Gloucester, MA 01930 (978)281-4480

60 Turnpike Road Ipswich, MA 01938 (978)356-6342

EMPLOYMENT APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ S.S.# _____

Optional: Married _____ Single _____ Divorce _____ # of Dependents: _____

Position Applying for: _____

How did you learn about the position? _____

On what date would you be able to start work? _____ Desired Wage/Salary \$ _____

Check all that apply-On what times are you available for work?

Full Time _____ Part Time _____ Weekends _____ Evenings _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony? Yes No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes No

If yes, please describe circumstances: _____

Do you have a current driver's license? Yes No Do you have your own transportation? Yes No

Do you have any special licenses? Yes No (i.e.; CDL, Hydraulic, etc.) Type: _____

Do you have a Federal Motor Carrier Medical Card? Yes No

Do you have any experience operating heavy equipment/machinery – in the past 6 months? Yes No

If yes, what type of equipment/machinery? _____

Do you have any physical limitations that may limit your ability to perform at Wolf Hill? Yes No If yes, please explain: _____

Please tell us about yourself, and how your experience would be an asset to the Wolf Hill team:

EDUCATION

School Name	Location	Years Attended	Degree	Major

Other training, certifications, or licenses held: _____

Work experience: _____

EMPLOYMENT Most Recent first

1) Employer: _____ Job Title _____

Dates Employed beginning – end: _____ Prior Position Held within Company (if any) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____ Title: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Duties Performed: _____

Reason for Leaving: _____

2) Employer: _____ Job Title _____

Dates Employed beginning – end: _____ Prior Position Held within Company (if any) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____ Title: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Duties Performed: _____

Reason for Leaving: _____

3) Employer: _____ Job Title _____

Dates Employed beginning – end: _____ Prior Position Held within Company (if any) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____ Title: _____

Starting Salary/Wage: _____ Ending Salary/Wage: _____

Duties Performed: _____

Reason for Leaving: _____

REFERENCES (No Relatives)

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ How long known this person: _____

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Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ How long known this person: _____

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date