

APPLICATION FOR EMPLOYMENT



P.O. BOX AA • RTE 8 • CHESHIRE, MA 01225 • (413) 743-0014

PERSONAL INFORMATION

First Name		Middle Initial	Last Name	
Street	City		State	Zip Code
Home Telephone Number	Cell Phone Number		Email Address	
Social Security Number:				

EMPLOYMENT DESIRED

Position Applied For	Starting salary desired
How soon can you start if a job offer is made?	
How did you hear about this job?	
Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> State : _____ Number: _____	
Has your driver's license ever been suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, why? _____	

EDUCATION

Name of School	City	State	Main Course of Study	Did you Graduate	Degree	Years Attended

List any additional education or training

CHARACTER REFERENCES

List 3 people not related to you who can comment on your work performance.

Name	Address	Occupation	Years Acquainted	Tel.

MILITARY SERVICE INFORMATION This information is furnished on a voluntary basis.

Branch of Service?	Dates of Most Recent Service:
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COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume.
 BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS. ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

EMPLOYMENT HISTORY

Are you employed now? Yes No

Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	
Job Title		Supervisor		
Specific Duties				
Dates Employed From:		To:	Start Salary	End Salary
Reason for Leaving				
Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	
Job Title		Supervisor		
Specific Duties				
Dates Employed From:		To:		
Reason for Leaving				
Company Name		Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address	City	State	Zip Code	
Job Title		Supervisor		
Specific Duties				
Dates Employed From:		To:		
Reason for Leaving				

RELEASE AND CERTIFICATION PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with Bedard Brothers Auto Sales. I hereby authorize Bedard Brothers to conduct a full investigation into my background, and as part of this investigation, my personal identifying information may be transmitted to a third-party performing the investigation.

I authorize Bedard Brothers to obtain my previous work records, employment records, education, certification, professional licenses, driver's license and history (if job related), professional references and any other information concerning knowledge, skills, and abilities and all other necessary information. Further I grant authority to the keeper of these records to release said records to Bedard Brothers Auto Sales for the purpose of making its hiring decision.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date