



**APPLICATION FOR EMPLOYMENT**

*Vermont*  
121 Park Ave., Suite 10  
Williston, VT 05495  
802-764-2200ph/802-764-2299 fax

*New York*  
3500 Sunrise Highway  
Great River, NY 11739  
631-224-7400ph/631-224-3999 fax

*California*  
Control Technologies West, Inc.  
4165 E. La Palma Ave.  
Anaheim, CA 92807  
714-854-7160 ph/714-854-7161 fax

*New Hampshire*  
70 Zachary Road  
Manchester, NH 03109  
603-626-6070ph/603-626-0352 fax

*Massachusetts*  
500 West Cummings Park  
Suite 1050  
Woburn, MA 01801  
781.560.8145ph/781.935.4208/fax

**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of Referral Source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_

If necessary, best time to call you at home is? \_\_\_\_\_ : \_\_\_\_\_ AM  
PM

May we contact you at work? \_\_\_\_\_  Yes  No

If yes, work number and best time to call? \_\_\_\_\_ ( ) \_\_\_\_\_ : \_\_\_\_\_ AM  
PM

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? \_\_\_\_\_  Yes  No

If yes, give date(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_  Yes  No

If yes, give date(s) \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  Yes  No

Date available for work? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it? \_\_\_\_\_  Yes  No Will you travel if job requires it? \_\_\_\_\_  Yes  No

Are you able to meet the attendance requirements of the position? \_\_\_\_\_  Yes  No

Will you work overtime if required? \_\_\_\_\_  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_  Yes  No

Are you subject to any non-compete or other restriction with a current or former employer? \_\_\_\_\_  Yes  No

Have you been convicted of a crime in the last (7) years? \_\_\_\_\_  Yes  No

If yes, please explain \_\_\_\_\_

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Valid driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE (    )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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		FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

**Skills and Qualifications** – Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## EDUCATIONAL BACKGROUND

**A.** List last three (3) schools attended starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma

earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DIPLOMA DEGREE	D. GPA CLASS RANK	E. MAJOR	F. MINOR

**REFERENCES**

List name and telephone number of three business/work references who are not related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME & ADDRESS	TELEPHONE	YEARS KNOW
	( )	
	( )	
	( )	

**ADDITIONAL INFORMATION**

List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state and federal law.

This application is current for twelve months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**VOLUNTARY SELF-IDENTIFICATION  
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by federal, state or local law. The information below will be used only in the compilation of data for affirmative action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. Identification can be declared at any time prior to or, if applicable, after hire. Please return this page with your application.

**PLEASE COMPLETE IN FULL:** Date: \_\_\_\_\_ Name: \_\_\_\_\_

Gender: \_\_\_ *Male* \_\_\_ *Female* Position applied for: \_\_\_\_\_

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

\_\_\_ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for ex., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

\_\_\_ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above races.

\_\_\_ **Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

**VETERAN STATUS:** (Please check one if it describes your veteran status.\*)

\_\_\_ **SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

\_\_\_ **VIETNAM ERA VETERAN:** A Vietnam Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

\_\_\_ **OTHER ELIGIBLE VETERAN:** Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

\* Veteran status may only be requested after a job offer is made.

<b>Personal and Confidential:</b>	<b>I do not wish to Self-Identify.</b>	<b>Signature</b> _____
<b>How did you hear of our opening?</b> Current Employee    Newspaper Ad    Recruiter    Other - Explain: _____		

**For Administrative Use Only**

Position(s) applied for     Available     Not Available    \_\_\_\_\_    Other positions considered for \_\_\_\_\_  
Hired     Yes     No    Position hired for \_\_\_\_\_    Date of hire \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |                                                                        |                                                                 |                                        |                                      |
|------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> First/Mid-Level Officials and Managers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Technicians |
| <input type="checkbox"/> Sales Workers                                 | <input type="checkbox"/> Administrative Support Workers         | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Operatives  |
| <input type="checkbox"/> Laborers/Helpers                              | <input type="checkbox"/> Service Workers                        |                                        |                                      |