COUNTY HEAT TREAT

APPLICATION FOR EMPLOYMENT - PERSONAL INFORMATION				
United County Industries dba County Heat Treat, is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, protected genetic information, gender identity, national origin, ancestry, sex, age, disability, veteran's status, or sexual orientation.				
Name: (First, Middle, Last)				
Street Address:				
City, State, Zip:			Home #	
Current Email Address			Mobile #	
Previous Address(if less then 3 yrs. at present address)				

MILITARY SERVICE AND EDUCATION HISTORY				
Have you ever served in the United States Armed Services?		☐ Yes ☐ No	Service Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Other	
Active Duty Start Date:	End Date:		Fully Discharged?	☐ Yes ☐ No
Description of Military duties:				

SCHOOLS ATTENDED					
SCHOOL NAME	CITY	STATE	# OF YEARS ATTENDED	GRADUATED	DEGREE/COURSE OF STUDY
				☐Yes ☐ No	
				☐Yes ☐ No	
				☐Yes ☐ No	
				☐Yes ☐ No	
				☐Yes ☐ No	

EMPLOYMENT STATUS INQUIRIES				
Earliest available start date		Salary Desired?	☐ Hourly ☐ Yearly	
Position you are applying for?		Have you ever applied for employment with our company?		☐ Yes ☐ No
Are you over the age of 18? ☐ Yes ☐ No		If "yes" please indicate the date		
Pre-employment and random drug screens are condition of your employment, do you accept this? ☐ Yes ☐ No		Are you legally able to be employed in the U.S. at this time?		☐ Yes ☐ No
How did you learn of this position with our company?	☐ Internet posting ☐ Word of mouth ☐ Physical Sign ☐ Other:	If "NO" do you need formal sponsorship for a work Visa or other regulated classification of worker in the U.S.?		☐ Yes ☐ No
It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.				

I have fully read and acknowledge that I understand the requirements for the job I am applying for. I also agree that I will fully disclose any accommodations that would need to be made or limitations that I have to fulfill the requirements of this position during the interview process. I agree to hold United County Industries harmless for any injury or illness which may occur as part of my application for this employment during any capability or skills testing needed to qualify for the job .	☐ Yes ☐ No
Candidate Signature for this section	

COUNTY HEAT TREAT

PREVIOUS EMPLOYMENT HISTORY (MOST RECENT FIRST)			
Employer Name		Phone #	
Employment Address		Supervisor	
Job title		Start Date	
Reason for Leaving		End Date	
May we contact them regarding your past employment? ☐ Yes ☐ No			
PREVIOUS EMPLOYMENT HISTORY			
Employer Name		Phone #	
Employment Address		Supervisor	
Job title		Start Date	
Reason for Leaving		End Date	
May we contact them regarding your past employment? ☐ Yes ☐ No			
PREVIOUS EMPLOYMENT HISTORY			
Employer Name		Phone #	
Employment Address		Supervisor	
Job title		Start Date	
Reason for Leaving		End Date	
May we contact them regarding your past employment? ☐ Yes ☐ No			

VERIFIABLE VOLUNTEER WORK			
Employer Name		Phone #	
Employment Address		Supervisor	
Job title		Start Date	
Reason for Leaving		End Date	
May we contact them regarding your past volunteer work? ☐ Yes ☐ No			

PROFESSIONAL FEFERENCES
(not personal)
List 4 people not related to you who can comment on your work performance.

Name	Address	Occupation	Phone #	Years Acquainted

I certify that all the information written on this application is true and complete to the best of my knowledge and that the discovery of false or misleading statements or information on this application will be grounds for immediate dismissal should I become employed by United County Industries dba. County Heat Treat (CHT). I authorize complete investigation of any and all responses or statements that I have made on this document unless specially noted otherwise. I agree to release from liability and hold harmless past employers and any others who furnish information related to investigation of the statements made here within this application should adverse decisions made about my potential or actual employment happen as a result of those findings. This waiver does not permit the use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other Federal or State Laws.

Signature of the Applicant

Printed name of Applicant

Date

For official use only below:

☐ Signed Job Description ☐ I.D. copies made ☐ Signed offer letter ☐ Drug Screen results ☐ Background results