

Applicant's Name: \_\_\_\_\_ Date Applied: \_\_\_\_\_

# PERKINS



## Employment Application

*New Hampshire Facilities*

630 John Hancock Road  
Taunton MA 02780  
508-824-2800

**Perkins is Proud to Maintain Completely Smoke Free Premises**

All employment with Perkins or any of its subsidiaries is on an at-will basis. This means that the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or the employee. No supervisor, manager or representative of the Company, other than the President or Chief Operating Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applications for employment will remain active for 60 days from the date of the application. After the 60-day period, a new application must be submitted to be considered for employment opportunities with the Company.

# Application for Employment

*In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, veteran status, sex, genetic information, veteran or military status, ancestry, age, sexual orientation, marital status or disability or any other characteristics protected by law.*

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
M.I.

Have you ever used another name or are you known by any other name? Yes \_\_\_ No \_\_\_ List other names: \_\_\_\_\_

Current Address: \_\_\_\_\_  

Street
City/Town
State
Zip

Dates resided at this address: From \_\_\_\_\_ to \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  

Street
City/Town
State & Zip

Addresses within past 3 years \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  

Street
City/Town
State & Zip

Position(s) Applied for: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Have you ever applied for a job or worked for Perkins? Yes \_\_\_ No \_\_\_ If so: Where \_\_\_\_\_ When \_\_\_\_\_

Are you age 18 or older? Yes \_\_\_ No \_\_\_

Can you submit verification of your legal right to work in the U.S. within three days after employment? Yes \_\_\_ No \_\_\_

How were you referred  Employee: \_\_\_\_\_  Walk-in  
to this Company?  Advertisement (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

## CRIMINAL INFORMATION

**Have you ever been arrested or convicted of a crime that has not been annulled by a court?** Yes \_\_\_ No \_\_\_

An applicant cannot be denied employment because of a conviction unless there is a direct relationship between the offense and the job applied for or the granting of employment would involve an unreasonable risk to the welfare of others.

*No employer may, directly or indirectly, require, request, suggest, or cause any applicant for employment submit to a polygraph examination as a condition of employment or continued employment.*

## EDUCATION

	GRAMMAR	HIGH	COLLEGE	GRADUATE
CIRCLE LAST YEAR COMPLETED	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20

SCHOOL NAME AND LOCATION	COURSE OF STUDY	DEGREES AND HONORS
High School		Did you graduate? Yes ___ No ___ Degree Received:
College or University		Did you graduate? Yes ___ No ___ Degree Received:
		Did you graduate? Yes ___ No ___ Degree Received:
Other		Did you graduate? Yes ___ No ___ Degree Received:

# EMPLOYMENT HISTORY

**TO ALL APPLICANTS: Provide the following information for all employers for a minimum of the preceding five years.**  
 The applicant's prior employers may be contacted for the purpose of investigating the applicant's background. Any verifiable volunteer work may be included as part of the applicant's work history.

**TO ALL DRIVER APPLICANTS: You must provide the following information on all employers during the preceding ten years.**  
**Please begin with your present or most recent job. Add another sheet if needed.**

Current or Most Recent Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		May We Contact ? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were You Terminated or Forced to Resign? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were You Terminated or Forced to Resign? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were You Terminated or Forced to Resign? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were You Terminated or Forced to Resign? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were You Terminated or Forced to Resign? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were You Terminated or Forced to Resign? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## OTHER SPECIAL SKILLS

Describe any other job related skills, certifications or qualifications not covered by this application:

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**Application continued on back page**

Are you a licensed member of any profession or trade? Yes\_\_\_\_ No\_\_\_\_

Kind of license\_\_\_\_\_ State issued\_\_\_\_\_ Certificate #\_\_\_\_\_ Year\_\_\_\_\_

## U.S. MILITARY SERVICE

Branch of U.S. Service	Total Number of Months of Active Duty_____	Rank at Discharge	
Supervisor's Name & Title	Address	City	State
Nature of duties and any special training and honors received			

## REFERENCES

Give the names of three persons not related to you, whom you have known for at least one year.

NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

## TO BE READ AND SIGNED BY ALL APPLICANTS

**Drug Testing:** Employment in the position for which you have applied may be contingent upon your successful completion of a post-offer Company-paid drug test for the presence of illegal drugs. If offered the position, are you willing to take and do you consent to a drug test? **Yes**\_\_\_\_ **No**\_\_\_\_

Refusal to consent or to submit to the drug testing set forth above or a positive drug test result will eliminate your consideration for employment.

I authorize the Company to investigate all statements contained herein and in the attached resume. I further authorize the references listed above and in the attached resume to give the Company any and all information concerning my previous employment, education and any other pertinent information they may have. I further authorize the Company to conduct a consumer credit check, criminal convictions check and motor vehicle history inquiry if deemed necessary by the Company in the course of my employment and pursuant to this application. I release all parties from all liability for any damage that may result from furnishing information to the Company.

I certify that the information provided in this application and the attached resume is true and complete to the best of my knowledge. I understand that falsified statements or omissions of information on this application or in the attached resume shall be grounds for the Company's refusal to hire me or for immediate dismissal if I become employed by the Company.

I understand that if I become employed by the Company, I will be an at-will employee. Accordingly, the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no supervisor, manager or representative of the Company, except for the President or Chief Operating Officer, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

**Date:** \_\_\_\_\_ **Applicant's Signature :** \_\_\_\_\_