



# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, veteran status, sexual orientation, or other legally protected status.

### PERSONAL INFORMATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
Street City State Zip

Length of Time at Present Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Days Available to Work: \_\_\_\_\_ Do you wish to work:  Full Time  Part Time  Temporarily?

If part-time, please specify hours or days \_\_\_\_\_

How were you referred to us?  Current Team Member \_\_\_\_\_ Relationship to Team Member \_\_\_\_\_  
(Name)

Advertisement  School  Walk-In  Agency  Other \_\_\_\_\_

Minimum weekly/salary requirement (show hourly rate when applicable) \$ \_\_\_\_\_

Have you ever worked for Middlesex before?  No  Yes \_\_\_\_\_  
Dates: From (Mo./Yr.) To (Mo./Yr.)

If Yes, please explain the reason for leaving \_\_\_\_\_

Have you ever applied to Middlesex before?  No  Yes \_\_\_\_\_  
Date

### EDUCATIONAL HISTORY

	High/Vocational School & Years Completed	College/Technical School & Years Completed	Graduate School & Years Completed
School			
City and State			
# of years Completed			
Degree/Certificate			
Specialization			

Other Courses/Schooling (including apprenticeship) or any job-related skills or training \_\_\_\_\_

Professional or Technical Licenses (for each list State and date) \_\_\_\_\_

Do you hold **OSHA 10 Certification** or other **Safety Certifications**? Please list all:  
\_\_\_\_\_

MILITARY SERVICE  No  Yes

Branch \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Field or specialization \_\_\_\_\_

Brief description of job duties in the service \_\_\_\_\_

Special Training or awards \_\_\_\_\_

**EMPLOYMENT HISTORY (List present or most recent employer first. Include all employment.)**

Employer	Date
Name	FROM TO
Address	MO. YR MO YR
City State Zip	POSITION HELD
Contact Person Phone	
<b>Below for CDL Drivers Only</b>	
Were you subject to the FMCSR while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer	Date
Name	FROM TO
Address	MO. YR MO YR
City State Zip	POSITION HELD
Contact Person Phone	
<b>Below for CDL Drivers Only</b>	
Were you subject to the FMCSR while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer	Date
Name	FROM TO
Address	MO. YR MO YR
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Employer	Date
Name	FROM TO
Address	MO. YR MO YR
City State Zip	POSITION HELD
Contact Person Phone	
<b>Below for CDL Drivers Only</b>	
Were you subject to the FMCSR while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	

May we contact your current employer? Yes  No

**PROFESSIONAL/BUSINESS REFERENCES**

NAME	COMPANY	PHONE	OCCUPATION	YEARS KNOWN

Are you known to schools/references (prior employers) by another name?  No  Yes

If YES, what name? \_\_\_\_\_

This information is sought solely to facilitate reference checks.

**GENERAL INFORMATION**

Are you legally authorized to work in the United States?  Yes  No Proof of Citizenship or immigration status will be required upon employment.

Are you under the age of 18?  Yes  No

Person to be notified in case of emergency:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

**CRIMINAL CONVICTION**

**If you are a Massachusetts resident or if you are applying for a position in the State of Massachusetts, please DO NOT answer the following questions regarding criminal conviction.**

“An applicant with a sealed record on file with the commissioner of probation may answer ‘no record’ with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer ‘no record’ to an inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transfer to the superior court for criminal prosecution.”

Have you recently been convicted of a felony?  No  Yes

If YES, within the last seven years, please explain: \_\_\_\_\_

Have you ever been convicted more than once for the following misdemeanor: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace?  No  Yes

If YES, within the last seven years, please explain: \_\_\_\_\_

Have you ever been convicted of a felony sex offense?  No  Yes

If YES, please explain \_\_\_\_\_

**If convicted of a misdemeanor (other than the six listed above) and incarcerated therefrom, is the completion date of the period of incarceration within the last five years?**  No  Yes

If YES, please explain \_\_\_\_\_

**Note: A conviction record may not necessarily be a bar to employment, but will be reviewed on a case-by-case basis.**

**This Page to Be Completed by CDL Drivers Only**

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If at present address less than 3 years, list previous addresses:**

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
                        Street    City                          State                  Zip

Address \_\_\_\_\_ How Long? \_\_\_\_\_  
                        Street    City                          State                  Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**OPERATING LICENSES** (Any applicant applying for a position that involves operating a motor vehicle (truck driver, etc.) or heavy equipment requiring a hoisting license must complete questions on license information.)

State	License No.	Type (Class, CDL, etc.)	Expiration Date	No. of years held

Has your license to operate a motor vehicle ever been denied, suspended or revoked?  
 No    Yes   If Yes, please detail.

**Accident Record for Past 3 Years or More (Attach sheet if more space is needed) (If None, write None)**

	Dates	Nature of Accident (head-on, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					

**Traffic Convictions and Forfeitures for the Past 3 Years (Other Than Parking Violations) (If None, write None)**

Location	Date	Charge	Penalty

**AGREEMENT (Please read the following statements carefully)**

1) All of the information that I have provided on this application is accurate to the best of my knowledge. I authorize The Middlesex Corporation (TMC) to make any inquiries necessary to determine my suitability for employment. In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. Further, in connection with this employment application, I understand that TMC may request information regarding my police record and other information which may be considered relevant from any source whether named or unnamed by me. I hereby release from all liability or damage those individuals who provide such information.

**I agree that any false statements made by me or my failure to answer any applicable questions on the application accurately or in any certificate or other paper which may accompany this application (i.e., misrepresentation of prior employment, education, or training) will be sufficient cause for my application being rejected or for my discharge from the Company at any time after employment and may result in denial of workers' compensation benefits.**

2) I understand that this application will be given every consideration, but its receipt does not imply that I, as the applicant, will be employed.

3) I understand that if hired, my employment with this organization is of an "at will" nature, which means that nothing herein shall be construed as a contract of employment or as granting the right to be retained as an employee for any period of time and that my employment can be terminated, with or without cause, at any time at the discretion of either the Company or myself. I understand that no management official other than the President of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

4) I understand also, that I am required to abide by all rules and regulations of The Middlesex Corporation.

5) I understand that employment may be subject to my passing a physical examination including a pre-employment drug and/or alcohol screen by a physician of the Company's choice, and I authorize disclosure of such examination to TMC.

6) By signing this application I agree to allow The Middlesex Corporation to conduct a background check for their use.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND PARAGRAPH NUMBERS 1 THROUGH 6 ABOVE AND I AGREE AND CONSENT TO SUCH REQUESTS AND OTHER ACTIONS WHICH THE COMPANY MAY TAKE AS DESCRIBED THEREIN.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**"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."**

Your interest in employment with us is sincerely appreciated. Please feel free to attach to this application any additional information which you feel will be helpful in evaluating your qualifications.

Affirmative Action/Equal Opportunity Employer



Submit Form