

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	<h2 style="margin: 0;">Initial Employment Application Form</h2> <p style="margin: 0;"><i>PLEASE COMPLETE PAGES 1-5</i></p>	APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS
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Position applied for _____ Today's Date _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at present address _____ Are you legally eligible to work in the United States
 Yes No

Telephone (____) _____

Email Address _____

If under 18, please list age _____ salary desired _____ (Be specific)	<i>Days/hours available to work</i> No Preference _____ Thurs _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
How many hours can you work weekly? _____ Can you work nights? _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL OR PART-TIME	
When are you available to start? _____	

Education:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
<i>High School</i>				
<i>College</i>				
<i>Bus. or Trade School</i>				
<i>Professional School</i>				

PLEASE LIST ANY OTHER LICENSES, TRAINING OR CERTIFICATIONS HERE:

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	APPLICATION FOR EMPLOYMENT PAGE 2	APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS	
Military:			
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty _____ Date Entered _____ Discharge Date _____			
Work Experience	Please list your work experience for the <u>past five years</u> beginning with your most recent job held. If you were self-employed, give firm name. You may include any verifiable work performed on a volunteer basis, internship or military service. <u>Attach additional sheets if necessary.</u>		
1) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates From: To:	Pay or Salary Start: Finish:
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
2) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates From: To:	Pay or Salary Start: Finish:
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. You may include any verifiable work performed on a volunteer basis, internship or military service. **Attach additional sheets if necessary.**

3) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or Salary
		From: _____ To: _____	Start: _____ Finish: _____
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

4) Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or Salary
		From: _____ To: _____	Start: _____ Finish: _____
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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APPLICATION FOR EMPLOYMENT
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APPLICANTS MAY BE
TESTED FOR ILLEGAL
DRUGS

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)

Expiration date _____

References:

Please list two references other than relatives:

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Relationship _____

Relationship _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

APPLICATION FOR EMPLOYMENT PAGE 5

In exchange for the consideration of my job application by **Boston International** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Boston International**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and **Boston International** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered 'at will' and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or on this form may result in refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religious creed, protected genetic information, national origin, ancestry, sex, age disability, veteran's status, sexual orientation or any other consideration made unlawful by applicable federal, state or local laws.

Certification and Release: I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or note, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus to verify any of this information. I release all former employers persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature of applicant: _____

Date: _____

Thank you for completing this application form and for your interest in Boston International!