

# FORD'S HOMETOWN SERVICES, INC.—APPLICATION FOR EMPLOYMENT

Applicants for employment at Ford's Hometown Services, Inc. ("Ford's Hometown") are considered without regard to race, color, religion, sex, sexual orientation, age, genetic information, national origin, status as a Vietnam Era or disabled veteran or membership in the uniformed services, or physical or mental disability.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Last, First, Middle Initial

Address: \_\_\_\_\_  
Street, City, State, ZIP Code

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you 18 or older? Yes  No

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Have you filed an application here before?  No  Yes Date: \_\_\_\_\_

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

When could you begin work? \_\_\_\_\_

Would you work overtime if asked? \_\_\_\_\_

How did you learn of our organization? \_\_\_\_\_

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study (Major/Minor)	Number of Years Completed	Diploma or Degree Received
College				
High School				
Other – Specify				

**FORD'S HOMETOWN SERVICES, INC.—APPLICATION FOR EMPLOYMENT**  
**RECORD OF EMPLOYMENT**

List all present and past employment, beginning with your PRESENT or MOST RECENT. You may include any verifiable work performed on a volunteer basis. If you need additional space, please continue on a separate sheet of paper.

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Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ May we contact this employer: Yes \_\_\_ No \_\_\_  
Job Title: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ May we contact this employer: Yes \_\_\_ No \_\_\_  
Job Title: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ May we contact this employer: Yes \_\_\_ No \_\_\_  
Job Title: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills, certifications and qualifications acquired from employment or other experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES**

Give the name, address and telephone number of three (3) references who are WORK RELATED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FORD'S HOMETOWN SERVICES, INC.—APPLICATION FOR EMPLOYMENT

In addition to responding to the questions below, please provide us with a copy of your driving records.

1 Do you have a valid driver's license?	-----Yes	-----No
2 Has your driver's license ever been suspended? If so, when? _____	-----Yes	-----No
3 Have you been in an accident in the last 3 years? If so how many? _____	-----Yes	-----No
4 Have you been found guilty of a DUI offense during the past 3 years?	-----Yes	-----No

**NOTE:** It is unlawful in Massachusetts for an employer 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.

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## APPLICANT'S SIGNATURE

Please read the following carefully and then sign below.

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I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I authorize Ford's Hometown to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Ford's Hometown from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by Ford's Hometown.

I understand that, if I am hired by Ford's Hometown, my status will be that of an employee-at-will, meaning that I will have no contractual right, express or implied, to remain in Ford's Hometown's employ. I further understand that, if I am hired, by Ford's Hometown, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of Ford's Hometown or me. I understand that no representative of Ford's Hometown has the authority to enter into any oral agreement for employment for a specified period of time or to make any agreement contrary to the foregoing.

I understand that, if I am extended an offer by Ford's Hometown, I will be required to provide evidence of my identity and authorization for employment in the United States.

I understand that, if I am hired by Ford's Hometown and my employment subsequently ends, Ford's Hometown may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

Signature: \_\_\_\_\_

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

**RELEASE OF INFORMATION AUTHORIZATION**

**(Please read carefully before signing below)**

- I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I authorize Ford's Hometown Services, Inc. ("FHS") to investigate my past and present employment, education and activities, and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release FHS from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by FHS.
- I understand that, if I am hired by FHS, my status will be that of an employee-at-will, meaning that I will have no contractual right, expressed or implied, to remain in FHS' employment. I further understand that, if I am hired by FHS, my employment and compensation can be terminated with or without cause, at any time, at the option of FHS or me. I understand that no representative of FHS has the authority to enter into any oral agreement for employment for a specified period of time or to make any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing.
- I understand that, if I am extended an offer by FHS, I will be required to provide evidence of my identity and authorization for employment in the United States prior to the commencement of my employment or no later than the third day of my employment.
- 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 understand that, if I am hired by FHS and my employment subsequently ends, FHS may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

\_\_\_\_\_  
Candidate's signature

\_\_\_\_\_  
Date

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**THIS SECTION FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview: [ ] Yes [ ] No

By: \_\_\_\_\_

Interviewer: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

Employed: [ ] Yes [ ] No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/  
Salary: \_\_\_\_\_

Department: \_\_\_\_\_