



# MONACO RESTORATIONS, INC.

113 Main St., Sturbridge, MA 01566



Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Are you under the age of 18 or over the age of 70? \_\_\_\_\_ Zip Code \_\_\_\_\_

Were you in the Armed Forces? Yes / No Branch? \_\_\_\_\_

Have you ever worked here before? Yes / No Date \_\_\_\_\_

Position applied for \_\_\_\_\_ If hired, start date \_\_\_\_\_

Salary \_\_\_\_\_ Referred by \_\_\_\_\_

| EDUCATION<br>Name and Address | Years<br>Completed | Dates<br>Attended | Degrees<br>Received |
|-------------------------------|--------------------|-------------------|---------------------|
| High/Voc/GED-                 |                    |                   |                     |
| College-                      |                    |                   |                     |
| Trade School-                 |                    |                   |                     |
| Other-                        |                    |                   |                     |

Do you have a valid MA license? Yes / No

Do you have job tools? Yes / No

Fear of Heights? Yes / No

Known Health problems? Yes / No

Awareness of hazardous chemical exposure, use of personal protective equip., MSDS location, etc? Yes / No

### Interviewer's Comments

Employee's responsibility to get to job

Give copy of rules and regulations

Complete W4 and I-9 Form ( interviewer must sign and verify)

### PERSONAL REFERENCES (Non- Relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_

## **EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
| <b>1-Employer</b>  | Dates Employed     |       | Work Performed |
| Address            | From               | To    |                |
| Telephone #        |                    |       |                |
| Job Title          |                    |       |                |
| Supervisor         | Hourly Rate/Salary |       |                |
| Reason for Leaving | Start              | Final |                |
|                    |                    |       |                |
| <b>2-Employer</b>  | Dates Employed     |       | Work Performed |
| Address            | From               | To    |                |
| Telephone #        |                    |       |                |
| Job Title          |                    |       |                |
| Supervisor         | Hourly Rate/Salary |       |                |
| Reason for Leaving | Start              | Final |                |
|                    |                    |       |                |

### **Applicant's Statement**

*I certify that answers given herein are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is change specifically acknowledged in writing by an authorized executive if this organization.*

*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 Employer.*

\_\_\_\_\_  
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 liabilities.

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