

APPLICATION FOR EMPLOYMENT

Date

An Equal Opportunity Employer

Position(s) Applied for 1) _____ 2) _____		Salary Desired
Name (First, Middle, Last)		Date Available
Present Address (Street)		City, State, Zip
Telephone Number(s) Day _____ Evening _____		Social Security number
Are you eligible to work under U.S. immigration Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If you are hired, you will be required to submit proof of citizenship or legal right to work in the U.S.		Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer
Have you ever filed an application at Safety before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," give date
Have you ever been employed at Safety before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," state dates employed From: _____ To: _____
How did you learn of Safety Insurance Company?		Were you referred by a current Safety employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give name of employee:

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	DEGREE OR CERTIFICATE
HIGH SCHOOL/ PREP SCHOOL				
COLLEGE				OVERALL GPA
BUSINESS/ SECRETARIAL/OTHERS				

SPECIAL SKILLS AND QUALIFICATIONS

Describe any special skills or qualifications you have acquired from employment or other experience.

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE AND COMPLETE EMPLOYMENT RECORDS. START WITH PRESENT OR MOST RECENT EMPLOYER. (YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTARY BASIS.)

Company Name	Dates of Employment From: To:
Address (Street, City, Zip)	Telephone Number ()
Position/Title	Name & Title of Supervisor
Describe Responsibilities/Duties	Wages Date of Last Increase: Start: Leave:
Reason for Leaving	May We Contact for References? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Dates of Employment From: To:
Address (Street, City, Zip)	Telephone Number ()
Position/Title	Name & Title of Supervisor
Describe Responsibilities/Duties	Wages Date of Last Increase: Start: Leave:
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Address (Street, City, Zip)	Telephone Number ()
Position/Title	Name & Title of Supervisor
Describe Responsibilities/Duties	Wages Date of Last Increase: Start: Leave:
Reason for Leaving	May We Contact for References? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

AGREEMENT (please read the following statements carefully)

I certify that all information on this application and other material provided by me is true and complete and agree that falsified information, misrepresentation or omissions will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize this company or its agent to check with all persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide this company with any relevant information that may be required to arrive at an employment decision.

I understand that if I am hired I will be considered an at-will employee.

Signature

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.

FOR OFFICE USE ONLY

HIRED BY:

Personal Representative

Department Representative

Current Date:

Starting Date:

Department:

Position:

Salary:

Review:

Notes:
