



# Employment Application

4/18

**Cape Cod Lumber Co., Inc.**  
 225 Groveland Street  
 Abington MA 02351  
 781.878.0715

*An Equal Opportunity Employer*

*We consider applicants for all positions without regard to race, color, religious creed, ancestry, national origin, sex, sexual orientation, gender identity/expression, genetics, age, handicap/disability, or any other legally protected status pursuant to Massachusetts Fair Employment Practice Act, and other relevant federal, state and local laws.*

## PERSONAL

Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 \_\_\_\_\_ Expires \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis?  **yes**  **no**

Are you currently employed?  **yes**  **no** May we contact your current present employer?  **yes**  **no**

## JOB INTEREST/SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied for a position here before?  **yes**  **no** If yes, when? \_\_\_\_\_

Type of employment requested:  **full time**  **part time**  **temporary**  **summer**

Date you could begin working \_\_\_\_\_

Summarize any other special skills or qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Type of School	Name and Location	Course of Study	# of Years	Grade Average	Maximum Grade Completed	Degree, Diploma, Certification and Honors Received
High School						
College or University						
Other Education						

**EMPLOYMENT HISTORY** (*List most recent first*)

**Name of Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Name and Title of Supervisor** \_\_\_\_\_ **Your Title** \_\_\_\_\_  
**Dates of Employment:** **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Work Performed** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Name and Title of Supervisor** \_\_\_\_\_ **Your Title** \_\_\_\_\_  
**Dates of Employment:** **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Work Performed** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Name of Employer** \_\_\_\_\_  
**Address** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Name and Title of Supervisor** \_\_\_\_\_ **Your Title** \_\_\_\_\_  
**Dates of Employment:** **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Work Performed** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**REFERENCES**

Name	Relationship	Telephone

**As a condition of employment, a physical exam and drug test will be required after an offer of employment has been made.**

**ACKNOWLEDGMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the Company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from the information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_