Massachusetts Employment Application

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally protected basis including, race, age, color, religion, sex, gender identity, sexual orientation, national origin, citizenship, ancestry, disability, genetic information, veteran status or military service.

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Name	(First)	(Middle)		(Last)	(Cell Number) Text Message Enabled? ☐ Yes ☐ No
	(. 1154)	()		(2001)	(controlling), for missage indicate. If you if you
Present Address	(Street Number)	(City)	(State)	(Zip)	(Home Phone Number)
Are you a U.S. citizen or lega	ally authorized to work in t	he U.S.?	Yes [No	Email Address:
If himad you will be marriaged to	a present proof of your id	antity and amplay	mant aliaihilit		
If hired, you will be required t		, , ,	ū	•	
Is any additional information	relative to change of nam	e or use of an ass	umed name	or nickname	necessary to verify your education or employment
history? ☐ Yes ☐	No If so, please provide	de the name(s).			
If you are applying for a job that requires driving, can you provide a valid driver's license? ☐ Yes ☐ No					
If you are under 18 years of age, can you provide a valid work permit ☐ Yes ☐ No					
Have you been previously employed by Micro Tech Staffing? Yes No If so, please provide dates.					
Date available to begin work	if hired:	•	•	•	
Desired work schedule: F	Full-Time Part-time	□ Days □ E	Evening s	☐ Weekend	ds
Are there any days or hours you are unable or unwilling to work? If so, please identify those dates and times.					

EDUCATION

Type of School	Name and Address of School	Did you graduate?	Dates attended	Certificate, degree, diploma and Major Course of Study
		☐ Yes		
High School or equivalency		□ No		
		☐ Yes		
College		□ No		
		☐ Yes		
Graduate		□ No		
Military, Technical or		☐ Yes		
Other		□ No		

EMPLOYMENT INTERESTS	
Please indicate the position(s) for which you are applying:	Do you have a preferred work environment (i.e. office, warehouse)? If so, please describe.
Do you have compensation requirements? If so, please descr	
Do you have compensation requirements. If so, please descri	
Do you have travel preferences or restrictions (i.e. you rely on	public transportation, you intend to ride a bike, etc.) If so, please describe.
Do you have a preference for certain cities or counties? If so, p	please identify
Do you have a preference for certain cities or counties: if so, p	nease identity.
EMPLOYMENT HISTORY & MILITARY SEI Please list most recent jobs first and attach additional s	
Name of Employer	Job Title
Address	Duties
City, State, Zip	
Name and Title of Immediate Supervisor	
Mo/Yr Mo/Yr Date Employed to	Reason for Leaving
Phone Number:	Did you get job the job through an agency?
Name of Employer	Job Title
Address	Duties
City, State, Zip	
Name and Title of Immediate Supervisor	
Date Employed Mo/Yr Mo/Yr	Reason for Leaving
Phone Number:	Did you get job the job through an agency?
Name of Employer	Job Title
Address	Duties
City, State, Zip	
Name and Title of Immediate Supervisor	
Mo/Yr Mo/Yr Date Employed to	Reason for Leaving
Phone Number:	Did you get job the job through an agency?
EMPLOYMENT OUAL IFICATIONS AND DE	
EMPLOYMENT QUALIFICATIONS AND RE Please describe your skills or qualifications which are relevant	
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Please identify any certifications or professional licenses.	
Plages provide and protessional reference	
Please provide one professional reference. Name Company	Contact Information
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Notice to Massachusetts Applicants: 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.

Smoking shall be prohibited in all enclosed facilities within places of employment without exception. This includes common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, vehicles, and all other enclosed facilities.

PLEASE READ AND SIGN THE STATEMENT BELOW:

I certify that the information given above is true and complete, and *I understand that any falsification, omission or misrepresentation may result in the rejection of this application or if hired, my discharge, if discovered after employment begins.* I understand that Micro Tech has and will rely on the statements made by me on this application or otherwise in securing temporary or permanent job placement. I authorize Micro Tech Staffing to conduct a background inquiry and to verify the statements and information on this application, any other documentation that I have provided, and other information relative to my qualifications and background. I further authorize Micro Tech Staffing to make inquiries regarding my work, educational background and character from any of my prior employers and the educational institutions that I attended. I hereby release Micro Tech Staffing from any liability with respect to such inquiries. I understand I may be asked to provide additional information for a full credit, drug, criminal history, and background check upon request.

I understand that if I am hired, I will be an "at will" employee, meaning that I may resign at any time, and likewise, Micro Tech Staffing may terminate my employment at any time, without notice or reason. I understand that neither this application, nor statements of Micro Tech Staffing personnel create an express or implied contract. I also understand that Micro Tech Staffing has the right at any time, with or without notice, to unilaterally change, modify, revoke or suspend its policies.

My signature certifies that I have read and agree with	the statements above.	
Applicant's Signature	Date	