



Employment Application

Cape Cod Lumber Co., Inc.
 403 Bedford Street 80 Hampden Road
 Abington MA 02351 Mansfield MA 02048
 781.878.0715

An Equal Opportunity Employer

We consider applicants for all positions without regard to age, race, color, religious creed, national origin, sex, sexual orientation, criminal record, mental illness, 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 _____ Social Security Number _____
 Drivers License Number _____ State _____
 City _____ State _____ Zip _____ Exp _____
 Phone _____ Cell _____

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 _____ Typing Speed (WPM) _____
 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 _____

Date of Employment: From _____ Starting Salary _____
 To _____ Ending Salary _____

Work Performed _____

Reason for Leaving _____

Name of Employer _____
 Address _____
(Street) (City) (State) (Zip)

Name and Title of Supervisor _____ Your Title _____

Date of Employment: From _____ Starting Salary _____
 To _____ Ending Salary _____

Work Performed _____

Reason for Leaving _____

Name of Employer _____
 Address _____
(Street) (City) (State) (Zip)

Name and Title of Supervisor _____ Your Title _____

Date of Employment: From _____ Starting Salary _____
 To _____ Ending Salary _____

Work Performed _____

Reason for Leaving _____

REFERENCES

Name	Relationship	Home Phone	Cell or Daytime Phone

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 authorized 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 information collected by this company. Verification of eligibility to work in the United State must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____