

CFS Inc. 312 E Main St | PO Box 1204 | Norton, MA 508-285-2800 | Fax: 508-285-8382

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL:

Last Name:		First:	Middle:	Date:		
Street Address:			Telephone:			
City:	State:	Zip:	Email:			
Have you ever applied for employment with us? 🗳 Yes 📮 No 🛛 If yes, month and year:						
Position Desired:			Pay Expected:			
Apart from absence for religious observance, are you available for full-time work? 🛛 Yes 🖓 No						
If not, what hours can you work?			Will you work overtime if asked? 🛛 Yes 🕒 No			
Are you legally eligible for employment in the United States? 🗳 Yes 📮 No						
If yes, when will you be available to begin work?						
Other special training or skills (languages, machine operation, etc.):						

EDUCATION:

Graduate School:					
Location:	Course of Study:	Degree:			
College:					
Location:	Course of Study:	Degree:			
Business/Trade/Technical:					
Location:	Course of Study:	Degree:			
High School:					
Location:	Graduate? 🗅 Yes 🗅 No				

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS:

(Exclude those which may disclose your race, color, religion or national original):

EMPLOYMENT:

(Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer):

Company Name:	Telephone:	
Address:	Employed (indicate month/year) From:	То:
Name of Supervisor:	Weekly Pay (Start): Last:	
Job Title:		
Description of Work Performed:	Reason For Leaving:	
Ok to contact? Yes No If no, reason?		
Company Name:	Telephone:	
Address:	Employed (indicate month/year) From: To:	
Name of Supervisor:	Weekly Pay (Start): Last:	
Job Title:		
Description of Work Performed:	Reason For Leaving:	
Ok to contact? Yes No If no, reason?		
Company Name:	Telephone:	
Address:	Employed (indicate month/year) From:	То:
Name of Supervisor:	Weekly Pay (Start): Last:	
Job Title:		
Description of Work Performed:	Reason For Leaving:	
Ok to contact? Yes No If no, reason?		
Company Name:	Telephone:	
Address:	Employed (indicate month/year) From:	To:
Name of Supervisor:	Weekly Pay (Start): Last:	
Job Title:		
Description of Work Performed:	Reason For Leaving:	
Ok to contact? I Yes I No If no, reason?		

MILITARY:

Did you serve in the U.S. Armed Forces? \Box Yes \Box No

If Yes, in what branch?

Describe any training received relevant to the position for which you are applying: