



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: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____ Business Telephone: _____

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 (<i>indicate month/year</i>) From: To:
Name of Supervisor:	Weekly Pay (<i>Start</i>): <i>Last</i> :
Job Title:	
Description of Work Performed:	Reason For Leaving:
<i>Ok to contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, reason?</i>	

Company Name:	Telephone:
Address:	Employed (<i>indicate month/year</i>) From: To:
Name of Supervisor:	Weekly Pay (<i>Start</i>): <i>Last</i> :
Job Title:	
Description of Work Performed:	Reason For Leaving:
<i>Ok to contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, reason?</i>	

Company Name:	Telephone:
Address:	Employed (<i>indicate month/year</i>) From: To:
Name of Supervisor:	Weekly Pay (<i>Start</i>): <i>Last</i> :
Job Title:	
Description of Work Performed:	Reason For Leaving:
<i>Ok to contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, reason?</i>	

Company Name:	Telephone:
Address:	Employed (<i>indicate month/year</i>) From: To:
Name of Supervisor:	Weekly Pay (<i>Start</i>): <i>Last</i> :
Job Title:	
Description of Work Performed:	Reason For Leaving:
<i>Ok to contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, reason?</i>	

MILITARY:

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

If Yes, in what branch?

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