

Initial Application for Employment



Deborah Paine Inc believes that all persons are entitled to equal employment opportunity. The Company will not discriminate or tolerate discrimination against any employee or applicant because of race, color, creed, religion, sex, sexual orientation as defined by law, national origin, age as defined by law, status with regard to public assistance, marital or veteran status, disability or other characteristic protected by law. Equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, training, promotion, transfer, discipline, layoff, recall and termination. Disabled applicants may request any accommodation needed to enable them to complete the application process.

PLEASE PRINT

APPLICANT INFORMATION			
Last Name	First	Middle	
Address	City	State	Zip
Telephone	Other Phone	Email Address	
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Proof of your identity and work authorization will be required upon employment)</i>			
Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, can you furnish a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any family members working at the Company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Who? _____			
Have you previously applied to the Company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, When? _____			
For which position did you previously apply? _____			
Have you ever been previously employed by the Company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list dates of employment and reason for leaving.			
POSITION APPLYING FOR			
Position Applied for: _____		Salary Desired: _____	
Type of Employment Desired (check all that apply): Full-Time _____ Part-Time _____ Temporary _____ Seasonal / Summer _____			
How did you find out about this position? _____			

You may include in your work history verified work performed on a volunteer basis.

PRESENT OR LAST EMPLOYER			
Name of Employer		Area Code	Telephone Number.
Address		City	State Zip Code
May we contact your current employer? _____			
Dates of Employment		Starting Job Title / Final Job Title	Name and Title of Supervisor
From Mo.	Yr.	Description of Duties, Responsibilities and Significant Accomplishments	
To Mo.	Yr.		
Starting Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Ending Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Commission / Bonus	<input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Number of Hours Worked Weekly	Reason for Leaving		

NEXT PREVIOUS EMPLOYER

Name of Employer		Area Code	Telephone Number.
Address		City	State Zip Code
Dates of Employment		Starting Job Title / Final Job Title	Name and Title of Supervisor
From Mo.	Yr.	Description of Duties, Responsibilities and Significant Accomplishments	
To Mo.	Yr.		
Starting Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Ending Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Commission / Bonus	<input type="checkbox"/> Weekly <input type="checkbox"/> Annually	Reason for Leaving	
Number of Hours Worked Weekly			

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Address		City	State Zip Code
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Starting Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Ending Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Commission / Bonus	<input type="checkbox"/> Weekly <input type="checkbox"/> Annually	Reason for Leaving	
Number of Hours Worked Weekly			

NEXT PREVIOUS EMPLOYER

Name of Employer		Area Code	Telephone Number.
Address		City	State Zip Code
Dates of Employment		Starting Job Title / Final Job Title	Name and Title of Supervisor
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Ending Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually		
Commission / Bonus	<input type="checkbox"/> Weekly <input type="checkbox"/> Annually	Reason for Leaving	
Number of Hours Worked Weekly			

EDUCATIONAL BACKGROUND						
Name	City	State	Major Course of Study	Circle Last Year Successfully Completed	Diploma or Degree Awarded	Did you Graduate?
High School or Preparatory				1 2 3 4		Yes No
College				1 2 3 4		Yes No
College				1 2 3 4		Yes No
Additional Education						

SKILLS AND QUALIFICATIONS
Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

MILITARY HISTORY
Branch of Service
Military/Discharge Type and Status

REFERENCES	
(List at least 3 professional references; former and/or current supervisors and peers preferred.)	
Name / Company Name	Title
Address	
Telephone Numbers Home	Work
Relationship to You	Years Known
Name / Company Name	Title
Address	
Telephone Numbers Home	Work
Relationship to You	Years Known
Name / Company Name	Title
Address	
Telephone Numbers Home	Work
Relationship to You	Years Known

Please Read Carefully Before Signing This Form

1. I certify that all information contained in this application and any supporting documentation, including a resume, is true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of any kind may result in denial of employment or subsequent dismissal, for cause, if I am hired.
2. I authorize Deborah Paine Inc (DPI) to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my potential or actual employment by Deborah Paine Inc.
3. I understand that upon receiving a job offer, a physical examination relating to the essential functions of the job and/or drug screening may be required.
4. I understand that as a condition of employment, employees in certain job classifications will be asked to sign a Confidentiality Agreement.
5. Regardless of whether or not I become employed by DPI, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at DPI is on an "at-will" basis and that my employment may be terminated with or without cause, and with or without notice, at any time, at my option or DPI's. I further understand that no DPI employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of DPI, and then only by means of a signed, written document.
6. Please note that the application form must be filled out in its entirety. Referencing a resume is insufficient.
7. 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. DPI will not require or administer a lie detector test as a condition of employment or continued employment.
8. Also, by emailing this application I acknowledge that I have completed this application to the best of my knowledge and I have read and I understand the conditions, statements, and authorizations disclosed on this "Application for Employment." I further understand that any false, incomplete, or withheld information relating to this application may be grounds for Deborah Paine, Inc's withdrawal of an employment offer or termination of my employment if discovered after my hire date.

Signed by Applicant _____ Date _____

Thank you for your interest in Deborah Paine Inc