



## EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
First Name MI Last Name Preferred Name/Nickname

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Phone Alternate/ Phone Email Address

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

What schedules would you prefer? \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_ Evenings \_\_\_\_\_ Nights

How did you hear about us? Walk In Referral Advertisement Other:  
Name: Where:

Have you worked for this company before? \_\_\_\_\_ No \_\_\_\_\_ Yes Dates:

Do you know anyone who works here? \_\_\_\_\_ No \_\_\_\_\_ Yes Name:

Desired Pay: Hourly Pay \$ \_\_\_\_\_ Annual Pay \$ \_\_\_\_\_ \$  
(Minimum, if applicable) Minimum Desired

When are you able to start work? Date: \_\_\_\_\_

Position desired: \_\_\_\_\_

*Trout Tower Service is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Trout Tower Service complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Trout Tower Service also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

**PLEASE CHECK YES OR NO TO THE FOLLOWING:**

**Are you authorized to work in the United States?**

\_\_\_ Yes \_\_\_ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Trout Tower Service will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

**Are you under 18 years of age?**

\_\_\_ Yes \_\_\_ No

If yes, can you furnish a work permit?

\_\_\_ Yes \_\_\_ No

**Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?**

\_\_\_ Yes \_\_\_ No

**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

Massachusetts applicants may include any verified work performed on a volunteer basis.

|                                   |                                           |                                                 |          |                                       |
|-----------------------------------|-------------------------------------------|-------------------------------------------------|----------|---------------------------------------|
|                                   | COMPANY NAME                              |                                                 |          | YOUR POSITION and TITLE               |
| FROM<br>____ / ____<br>Month Year | NO. & STREET                              |                                                 |          | SUPERVISOR'S NAME, TITLE and POSITION |
|                                   | CITY                                      | STATE                                           | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER         |
|                                   | TYPE OF BUSINESS                          |                                                 |          |                                       |
| TO<br>____ / ____<br>Month Year   | TELEPHONE NUMBER<br>(      )              | TERMINATION<br>___ VOLUNTARY<br>___ INVOLUNTARY | REASON   |                                       |
|                                   | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> |                                                 |          |                                       |

|                                        |                                           |                                                   |          |                                       |
|----------------------------------------|-------------------------------------------|---------------------------------------------------|----------|---------------------------------------|
|                                        | COMPANY NAME                              |                                                   |          | YOUR POSITION and TITLE               |
| FROM<br>____ / ____<br>Month      Year | NO. & STREET                              |                                                   |          | SUPERVISOR'S NAME, TITLE and POSITION |
|                                        | CITY                                      | STATE                                             | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER         |
|                                        | TYPE OF BUSINESS                          |                                                   |          |                                       |
| TO<br>____ / ____<br>Month      Year   | TELEPHONE NUMBER<br>(      )              | TERMINATION<br>____ VOLUNTARY<br>____ INVOLUNTARY |          | REASON                                |
|                                        | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> |                                                   |          |                                       |

|                                        |                                           |                                                   |          |                                       |
|----------------------------------------|-------------------------------------------|---------------------------------------------------|----------|---------------------------------------|
|                                        | COMPANY NAME                              |                                                   |          | YOUR POSITION and TITLE               |
| FROM<br>____ / ____<br>Month      Year | NO. & STREET                              |                                                   |          | SUPERVISOR'S NAME, TITLE and POSITION |
|                                        | CITY                                      | STATE                                             | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER         |
|                                        | TYPE OF BUSINESS                          |                                                   |          |                                       |
| TO<br>____ / ____<br>Month      Year   | TELEPHONE NUMBER<br>(      )              | TERMINATION<br>____ VOLUNTARY<br>____ INVOLUNTARY |          | REASON                                |
|                                        | BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> |                                                   |          |                                       |

**EDUCATION:**

| NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | DID YOU GRADUATE? | TYPE OF DEGREE OR DIPLOMA |
|----------------------------|---------------|-------------------|---------------------------|
| HIGH SCHOOL OR PREP        |               |                   |                           |
| COLLEGE                    |               |                   |                           |
| COLLEGE OR GRADUATE        |               |                   |                           |
| OTHER                      |               |                   |                           |

**PROFESSIONAL DESIGNATIONS:**

|             |                                   |                |
|-------------|-----------------------------------|----------------|
| DESIGNATION | ORGANIZATION GRANTING DESIGNATION | DATE COMPLETED |
| DESIGNATION | ORGANIZATION GRANTING DESIGNATION | DATE COMPLETED |

**PROFESSIONAL LICENSES:**

|                 |                        |                |
|-----------------|------------------------|----------------|
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |
| TYPE OF LICENSE | STATE GRANTING LICENSE | LICENSE NUMBER |

**REFERENCES: Please list three professional references**

| NAME | RELATIONSHIP | COMPANY | PHONE/ALTERNATE PHONE |
|------|--------------|---------|-----------------------|
|      |              |         |                       |
|      |              |         |                       |
|      |              |         |                       |

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**SIGNED:**

**DATE:**

**For Massachusetts Applicants Only**

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.

**For Maryland Applicants Only**

**POLYGRAPH NOTIFICATION AND ACKNOWLEDGMENT:**

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For California Applicants Only (Optional)**

I am providing my contact information to the Company for limited purposes only and consider such information to be private. I understand that from time to time individuals file class action lawsuits against companies and that the mere filing of a lawsuit does not mean that the claims in the lawsuit have merit. I also understand that it is possible that individuals or their attorneys may ask that the Company provide them with my contact information as part of a class action lawsuit. I do not consent to the Company providing my contact information to any individual or attorney in any such lawsuit that may be filed, unless I later give my express written consent, or unless the Company is required to do so by law or the Company determines that I am a witness to that lawsuit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Submit Application

Click on the Red Box to submit your application. This will open a window in from your email client. Please be advised that both the to and subject will be filled out. to ensure that your application gets to the correct place please do not edit, add to or replace these values.