



APPLICATION FOR EMPLOYMENT

F. W. Madigan Company is committed to providing equal employment opportunities to all employees and applicants for employment and realizes that our continued success depends upon the full and effective utilization of qualified persons regardless of race, color, religion, sex (including pregnancy, gender identity and sexual orientation), parental status, national origin, age (40 or older), disability, genetic information (including family medical history), military service or any other characteristic protected by federal, state, or local laws. By competing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the Company, its clients, and its employees.

Position Applied For _____ Date of Application: _____

Name: _____

Address: _____

Telephone Number: _____ Email address: _____

Are you eligible to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide Company names and details _____

Can you work any shift? Yes No If no, explain _____

Are you able to work: Overtime Weekends Nights Holidays

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Date available to start: _____ Hourly rate/salary desired \$ _____

Are you currently employed? Yes No May we inquire of your present employer? Yes No

How did you hear about us? Walk-in Ad Referral: By Whom _____

Have you ever worked for FW Madigan Company? Yes No

If yes, please give dates and position: _____

Do you know anyone who works for our Company? Yes No If yes, name: _____

Work Experience

List last ten years of employment beginning with the most recent.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone ()
Description of Duties:			

Employer:		Address:	
From	To	Position Held:	From
Supervisor's Name & Title:			To May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone ()
Description of Duties:			

Employer:		Address:	
From	To	Position Held:	From
Supervisor's Name & Title:			To May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone ()
Description of Duties:			

Please describe any other experiences, job related skills and/or training that would enhance your ability to perform the position you applied for.

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training, certifications, or special skills:		

Business and Professional References

List three professional references who are not related to you who can comment on your work performance.

Name and Title	Relationship	Phone Number and Email
1. _____		
2. _____		
3. _____		

Personal References

List three people who know you well.

Name and Title	Relationship and Years Acquainted	Phone Number and Email
1. _____		
2. _____		
3. _____		

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 may be subject to criminal penalties and civil liability.

Applicant Acknowledgement and Authorization

Please read carefully before signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for F.W. Madigan Company to hire me. If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that F.W. Madigan Company or I can terminate my employment at any time and for any reason, with or without cause and with or without prior notice. I understand that no representative of F.W. Madigan Company has the authority to make any assurance to the contrary.

I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and to follow the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations relating to on-the-job safety and health.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

I attest with my signature below that I have given to F.W. Madigan Company true and complete information on this application. No requested information has been concealed. I authorize F.W. Madigan Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal if already employed.

My signature below attests to the fact that I have read, understand, and agree to all of the above terms.

Signature _____

Name (Print) _____ Date _____