

APPLICATION FOR EMPLOYMENT

THE R&R SALES, INC. FAMILY OF COMPANIES



Boston, MA



Hanson, MA



Boston, MA



Boston, MA



S. Boston, MA

PLEASE PRINT

TODAY'S DATE _____/_____/_____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER THAT EMPLOYS IN COMPLIANCE WITH ALL APPLICABLE LAWS. WE DO NOT DISCRIMINATE BECAUSE OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, MENTAL OR PHYSICAL DISABILITY, CITIZENSHIP, SEXUAL ORIENTATION, OR FOR ANY OTHER REASON PROHIBITED BY STATE OR FEDERAL LAW.

THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION SHOULD NOTIFY A REPRESENTATIVE OF THE COMPANY.

NAME _____	SOCIAL SECURITY NUMBER _____ - _____ - _____	
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE (_____) _____	ALTERNATE PHONE (_____) _____	

POSITION APPLIED FOR _____ SALARY DESIRED \$ _____

FOR THE PURPOSES OF CHILD LABOR LAWS, ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

HAVE YOU HELD THIS KIND OF POSITION BEFORE? YES NO

WOULD YOU WORK: FULL-TIME PART-TIME OVERTIME AS NECESSARY

ARE YOU PRESENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO

HAVE YOU SUBMITTED AN APPLICATION HERE BEFORE? YES NO IF YES, WHEN? _____

WERE YOU PREVIOUSLY EMPLOYED BY US? YES NO IF YES, WHEN? _____

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____/_____/_____

WERE YOU REFERRED TO US BY AN EMPLOYEE CURRENTLY EMPLOYED WITH US? YES NO

IF YES, PLEASE PROVIDE THE NAME OF YOUR REFERRAL _____

LIST ANY RELATIVES OR ANYONE ELSE YOU KNOW WHO WORKS HERE:

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU A SMOKER? YES NO

TO BE COMPLETED ONLY BY APPLICANTS REQUESTING DRIVING POSITIONS OR, A POSITION THAT WOULD REQUIRE HIM/HER TO DRIVE ON THE COMPANY'S BEHALF:

VALID DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

EXPIRATION DATE ____ / ____ / ____ TYPE OF LICENSE _____

ADDRESS ON LICENSE _____

LIST ANY SPECIAL SKILLS, TOOLS, OR EQUIPMENT YOU CAN OPERATE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, AND ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

PLEASE LIST AT LEAST THREE BUSINESS/PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS. THIS INFORMATION IS REQUIRED.

NAME	OCCUPATION	ADDRESS	TELEPHONE
1.			
2.			
3			

EDUCATION

SCHOOL NAME	CITY AND STATE	LAST GRADE COMPLETED, DEGREE RECEIVED/MAJOR
JR./SR. HIGH SCHOOL		
COLLEGE(S)		
TRADE/VOCATIONAL		

LIST WORK EXPERIENCES, AND/OR VERIFIABLE VOLUNTEER WORK, BEGINNING WITH YOUR MOST RECENT

<p>EMPLOYER NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>TELEPHONE _____</p> <p>TYPE OF BUSINESS _____</p> <p>SUPERVISOR NAME _____</p> <p>WHAT WERE YOUR RESPONSIBILITIES _____</p> <p>_____</p>	<p>FROM:</p> <p>____/____/____</p> <p>TO:</p> <p>____/____/____</p>	<p>SALARY OR HOURLY RATE: \$ _____</p> <hr/> <p>REASON FOR LEAVING:</p>
<p>EMPLOYER NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>TELEPHONE _____</p> <p>TYPE OF BUSINESS _____</p> <p>SUPERVISOR NAME _____</p> <p>WHAT WERE YOUR RESPONSIBILITIES _____</p> <p>_____</p>	<p>FROM:</p> <p>____/____/____</p> <p>TO:</p> <p>____/____/____</p>	<p>SALARY OR HOURLY RATE: \$ _____</p> <hr/> <p>REASON FOR LEAVING:</p>
<p>EMPLOYER NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>TELEPHONE _____</p> <p>TYPE OF BUSINESS _____</p> <p>SUPERVISOR NAME _____</p> <p>WHAT WERE YOUR RESPONSIBILITIES _____</p> <p>_____</p>	<p>FROM:</p> <p>____/____/____</p> <p>TO:</p> <p>____/____/____</p>	<p>SALARY OR HOURLY RATE: \$ _____</p> <hr/> <p>REASON FOR LEAVING:</p>
<p>EMPLOYER NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>TELEPHONE _____</p> <p>TYPE OF BUSINESS _____</p> <p>SUPERVISOR NAME _____</p> <p>WHAT WERE YOUR RESPONSIBILITIES _____</p> <p>_____</p>	<p>FROM:</p> <p>____/____/____</p> <p>TO:</p> <p>____/____/____</p>	<p>SALARY OR HOURLY RATE: \$ _____</p> <hr/> <p>REASON FOR LEAVING:</p>

ARMED FORCES

COMPLETE THIS SECTION ONLY IF YOU HAVE SERVED IN THE MILITARY

FROM: ____/____/____ **TO:** ____/____/____

BRANCH: _____ **RANK:** _____

TYPE OF WORK PERFORMED _____

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED A FELONY? YES NO

IF YES, GIVE DATES AND DETAILS OF CONVICTION:

NOTIFICATION AND RELEASE

The information contained in my application for employment with The R&R Sales, Inc. Family of Companies (hereinafter, “**The Company**”) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within 60 (sixty) days by calling Castle Branch Inc. collect at 1-888-520-0520. The Company will make available to you “A Summary of Your Rights” under the Fair Credit Reporting Act.

I understand that, if employed, my employment with The Company is for no specific term and may be terminated by me or The Company with or without notice or cause at any time. I further understand that no oral promise, policy of The Company, custom business practice or other procedure (including The Company’s personnel handbook or any of The Company’s manuals) constitute an employment contract or modification of the at-will employment relationship between The Company and me. The Company may, where allowed by law, require applicants for employment to undergo drug testing.

I acknowledge that this application will remain active for 90 (ninety) days from the date of the application. If I have not heard from The Company at the conclusion of the 90 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by The Company.

SIGNATURE OF APPLICANT _____ **DATE** ____/____/____

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.