

EMPLOYMENT APPLICATION

TolomaticTM

EXCELLENCE *IN MOTION*

Tolomatic is an equal employment opportunity employer. It is the Company's policy to not unlawfully discriminate against any applicant or employee on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation, genetics or genetic history, age, military or veteran status, or any other consideration made unlawful by applicable federal, state, or local laws. The Company also prohibits harassment of applicants and employees based on any of these protected categories. It is also Tolomatic's policy to comply with all applicable state and federal laws respecting consideration of unemployment status in making hiring decisions.

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department. Information provided on this application will be kept confidential and only be shared with those involved in the selection process.

Note to Applicants: Smoking is prohibited in all indoor areas of Tolomatic.

Please Print.

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Telephone Number (____) _____ Cell Phone Number (____) _____

Are you 18 years or older? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

As required by law, documents that prove identity and eligibility to work must be provided at time of hire.

EMPLOYMENT DESIRED

Position Applied For _____

Do you want to work: Full-time _____ Part-time _____ Temporary _____

Preferred shift to work: 1st shift _____ 2nd shift _____ Open to 1st or 2nd shift _____

Date available to start work _____ Salary Expectations _____

Have you applied for employment with this company within the last 12 months? ☐ Yes ☐ No

Have you ever worked for us before? ☐ Yes ☐ No

*(Please provide your name of record at that time,
job title and dates of employment)* _____

An Equal Opportunity Employer

EMPLOYMENT HISTORY

Please specify your complete full-time and part-time employment history, including self-employment, starting with your present or most recent position. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please attach a separate piece of paper.

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
<p style="text-align: right;">May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, religion, sex, national origin, genetic information, disability or age or any other status protected by law or regulation.

EMERGENCY CONTACT INFORMATION

In case of an emergency who should be notified:

Name: _____ Phone Number: _____

REFERENCES

Please provide the names of three business references that are not related to you.

Name	Phone Number	Business	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true, complete and correct in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the senior business leader of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that if selected I may have access to or work with sensitive, proprietary, trade secret and confidential information and agree not to disclose it unless there is a legitimate business reason to do so and only to those with a need to know.
- ***Massachusetts Applicants:*** *I understand that 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*

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Date

(Signature of Applicant)