

ROMANOW



CONTAINER

APPLICATION FOR EMPLOYMENT

Romanow Container

346 University Ave
Westwood, MA 02090
Phone (781) 320-9200 Fax (781) 461-5900

ROMANOW



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Romanow Container Tests for Substance Abuse and Requires Pre-employment Physical

Position Applying for:	Date:
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General Information

Name	Home Telephone	Email Address	
Mailing Address	City	State	Zip Code
Do you know anyone who is currently employed at Romanow Container? If yes please provide employee's name and relationship:		Yes	No
Can you provide proof, if hired, that you are eligible to work in the United States?		Yes	No
Are you available to work all shifts?		Yes	No
Do you speak any foreign languages?		Yes	No Please provide detail:
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain. (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)		Yes	No
How did you learn about this opening?			

Education and/or Training

Did you graduate from high school or receive a GED Certificate?						
SCHOOL NAME AND LOCATION (college, business, nursing, vocational, or other)	Number of Credits		Field of Study		Did you graduate?	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					Yes No	
					Yes No	
					Yes No	
Computer skills, related volunteer experience, and other education/training/skills:						

Military Service

Branch of Service	Date Entered	Date Separated	Final Rank	Duties

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete page 3 if you have additional employment history.

May we contact your current employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
1.	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
Monthly Salary		Reason for Leaving			
2.	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
Monthly Salary		Reason for Leaving			
3.	Employer	Telephone Number	Supervisor's Name		
Type of Business		Address			
Your Job Title		Dates Employed (indicate months & years) From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
Monthly Salary		Reason for Leaving			

Massachusetts General Laws c.149 s19B requires that the following statement be included on all employment applications: "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."

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application, and other employment related documents are not contracts of employment, and that any oral or written statements to the contrary are hereby expressly disavowed. **A typed name is considered a signature.**

Date:

Equal Opportunity Employer

Romanow Container does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or sexual orientation.

Additional Employment History:

	Employer	Telephone Number	Supervisor's Name
Type of Business	Address		
Your Job Title	Dates Employed (indicate months & years) From: To:		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		

	Employer	Telephone Number	Supervisor's Name
Type of Business	Address		
Your Job Title	Dates Employed (indicate months & years) From: To:		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		

	Employer	Telephone Number	Supervisor's Name
Type of Business	Address		
Your Job Title	Dates Employed (indicate months & years) From: To:		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		