

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, gender, sexual preference, age, national origin, physical or mental handicap or veteran status and to satisfy the requirements of The Americans with Disabilities Act of 1990 (as amended) as well as state laws governing the employment of individuals with disabilities.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

Position Applying For:				
Application Date:				
Are you at least 18 years o	f age? 🗌 Yes 🗌 No			
Personal Information				
First Name	Middle Initial		aat Nama	
First Name	Middle Initial	L	ast Name	
Current Address:				
Street and Apt. #	City	State	Zip Code	
Permanent Address (if diff	erent from above):			
Street and Apt. #	City	State	Zip Code	
Telephone:	Cell Phone:		E-Mail:	n email address that the
Person to be notified in cas	se of an accident or emerge	ncy:		to provide notifications.
Name	Relationsh	ip	Telephone / Cell F	Phone Number
For positions requiring driv	ing or operating a vehicle fo	r business us	e:	
Do you have a valid Driver	's License? 🗌 Yes 🗌 No	Driver's Lic	cense #:	State:
Have you ever served in th	e U.S. Military? 🔲 Yes	□ No If y	es, please provide the fo	lowing information:
Branch of Service:		Rank at Time of Separation:		
Service Dates:		Special H	lonors:	

NATIONAL NESC STAFFING, CORP.

APPLICATION FOR EMPLOYMENT

First Name:	Middle Initial:	Last Name:		
Employment History				
Present or Most Recent Employer:		Has Resume Been Submitted: (if yes, skip to page 3)	Yes	No
Employer:	Address:			
Position:	Salary:			
Duties:				
Dates of Employment: From	To	May we contact?	🗌 Yes 🗌	No
Supervisor:	Title:			
Reasons for Leaving:				
Prior Employer:				
Employer:	Address:			
Position:	Salary:			
Duties:				
Dates of Employment: From	To	May we contact?	🗌 Yes 🗌	No
Supervisor:	Title:			
Reasons for Leaving:				
Prior Employer:				
Employer:	Address:			
Position:	Salary:			
Duties:				
Dates of Employment: From	To	May we contact?	🗌 Yes 🗌	No
Supervisor:	Title:			
Reasons for Leaving:				

NESC STAFFING, CORP.

APPLICATION FOR EMPLOYMENT

First Name:	Middle Initial:	Last Name:		
Education				
High School:				
Address:				
Technical or Vocational School:			Specialty:	
Did you graduate? Yes No	Attended Fron	า	_ To	
If you did not graduate, did you receive	e your GED? 🗌	Yes 🗌 No		
Special honors or awards:				
College or University:				
Address:				
Did you graduate? Yes No Attended From To				
Degree:	Major:			
Special honors or awards:				
Position Information				
Position Applying For:				
How did you hear about this job?				
What hours are you willing to work?				
Would you be able to work weekends?				
Are you willing to travel for the job?				
When would you be able to start?				
Desired Salary:		Per Diem:		

APPLICATION FOR EMPLOYMENT



First Name:	Middle Initial:	Last Name:	
Skills			
Please describe any skills you have in the	e following areas:		
Computer:			
Languages Spoken (other than English):			
Additional Skills:			
Certifications:			
		application are true and complete to the best of my ents on this application shall be considered sufficient	
	iven the opportunity to dis	ening process during the next step of pre-employment cuss any concerns that I may have with regards to this person or via telephone).	
background screening company designat assigned to investigate my personal info information investigated may include bu	ted by the Employer noted rmation for the sole purpo ut is not limited to, emplo	at I may be required to sign a release authorizing a on this application and or its clients to whom I may be se of determining employment eligibility. The personal yment history, educational verifications, drug testing, ments) motor vehicle screens and criminal records	
requirements of the Employer and or th Employer noted on this application, its	neir clients to whom I would clients, the background so, proceedings, claims or c	and all required screens that I submit to must meet the uld be assigned. I release and forever discharge the screening company, laboratories and the agents and auses of action arising from the test or tests and from e results of the testing.	
I understand that should I become employed in Massachusetts and should my assignment/employment end that MA Employment and Training Law requires that I contact my Employer for possible reassignment prior to filing for unemployment insurance benefits. Failure to do so may result in a denial of those benefits.			
		the Employer noted on this application is "at will," mployment for any reason not prohibited by state	
Signature:		Date:	
Print Name:			