



18 School St., N. Brookfield, MA 01535
Phone: (800) 426-9237 • Fax: 508-867-5434
Web: www.quabaug.com

Name: _____
JDE #: _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT in ink and complete each item.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Human Resources Representative. It is the policy of Quabaug Corporation to consider all applications without regard to race, religion, color, gender, protected sexual orientation, age, marital status, national origin, disability, Vietnam era or other veteran status.

Position applied for: _____

Shift preferred: 1 2 3 Any Full Time Part time Temporary Summer

Expected pay: _____ Date you are available for work: _____

Referred by: _____

Personal Data

Name: _____

Phone: (_____) _____ Alternate Phone: (_____) _____ E-mail: _____

Street Address: _____

City/State/Zip: _____

Have you ever been employed here before? Yes No If yes, list dates: _____

If yes, why did you leave? _____

Are you legally eligible for employment in the United States? Yes No (If yes, proof is required)

Proof of authorization to work and of your identity will be required upon employment.

Are you at least age 18? Yes No

Have you reviewed a job description of the position for which you are applying? Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No If no, please describe: _____

Employment History

List most recent employer first and provide complete employment history. Attach a separate sheet if necessary. You may also include any verified work performed on a volunteer basis.

May we contact your current employer? Yes No

COMPANY NAME:	
Company Address:	
Job Title:	
Duties:	
Dept / Shift Hours:	
Supervisor's Name:	
Supervisor's Title:	
Supervisors Phone #:	
Dates Employed From:	To:
Starting Salary:	Ending Salary:
Reason for leaving:	

COMPANY NAME:	
Company Address:	
Job Title:	
Duties:	
Dept / Shift Hours:	
Supervisor's Name:	
Supervisor's Title:	
Supervisors Phone #:	
Dates Employed From:	To:
Starting Salary:	Ending Salary:
Reason for leaving:	

COMPANY NAME:	
Company Address:	
Job Title:	
Duties:	
Dept / Shift Hours:	
Supervisor's Name:	
Supervisor's Title:	
Supervisors Phone #:	
Dates Employed From:	To:
Starting Salary:	Ending Salary:
Reason for leaving:	

Educational Background

(Check highest level completed)

Grammar School	5	6	7	8
High School	9	10	11	12
College – Undergrad.	1	2	3	4
College – Graduate	5	6	7	8

High School Diploma Obtained? Yes No

G.E.D. Obtained? Yes No

Vocational Training: _____

Degree(s) Obtained: _____

Training in what field: _____

Special training or skills (languages, machine operation, material handling, etc.): _____

Military Service

Have you ever served in the U.S. Armed Forces? Yes No

Please list any special skills or abilities acquired: _____

Additional Information

Please list any other experience, skills, accomplishments, or other qualifications (including hobbies) which you believe should be considered in evaluating your qualifications for employment. Exclude information which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

References

Please list name, address and telephone number of three persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives.

Name: _____

Address: _____

Phone: (_____) _____ **E-mail:** _____

Name: _____

Address: _____

Phone: (_____) _____ **E-mail:** _____

Name: _____

Address: _____

Phone: (_____) _____ **E-mail:** _____

Pre-Employment Testing Notice

Quabaug Corporation is committed to maintaining a drug-free workplace. All candidates for employment are required to complete a saliva drug test on-site upon second interview. Employment is contingent upon a candidate's submission to and successful completion of the drug test. Candidates are also required to complete a respiratory test. The results are fairly immediate and a negative result constitutes successful completion of these pre-employment requirements.

Acknowledgement

I am aware of the pre-employment drug and respiratory test requirement. I understand that the results of such a test will be disclosed only to Quabaug Corporation's Human Resources personnel and others with a need to know, or as required by law. I understand, in accordance with Quabaug Corporation's policy, that if I refuse to consent to testing or fail to successfully complete the drug test or respiratory test, I will not be hired.

I understand that this employment application or any other company documents are not contracts of employment and any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize Quabaug Corporation to deduct, to the extent permitted by law, any amount which I may owe to Quabaug Corporation from any amount which Quabaug Corporation may owe me. I understand that no representative of Quabaug Corporation has any authority to offer or enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing.

I certify that all statements made on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant

Date

Please identify where you learned about an employment opportunity with this organization.

RADIO

- WXLO-FM 104.5 WAAF-FM 107.3 WVEI-AM 1440

NEWSPAPER

- | | | |
|---|---|--|
| <input type="checkbox"/> Auburn News | <input type="checkbox"/> Telegram & Gazette | <input type="checkbox"/> Barre Gazette |
| <input type="checkbox"/> Vocero Hispano | <input type="checkbox"/> Southbridge Evening News | <input type="checkbox"/> Ware River News |
| <input type="checkbox"/> Spencer New Leader | <input type="checkbox"/> Webster Times | |

INTERNET

- Monster.com www.quabaug.com

BILLBOARD

- | | | |
|---|--|--|
| <input type="checkbox"/> Auburn, Rt. 12 | <input type="checkbox"/> Palmer, Rt. 20 | <input type="checkbox"/> Brookfield, Rt. 9 |
| <input type="checkbox"/> Worcester, Park Ave. | <input type="checkbox"/> Charlton, Rt. 20 | <input type="checkbox"/> Worcester, Shrewsbury St. |
| <input type="checkbox"/> Leicester, Rt. 9 | <input type="checkbox"/> Worcester, Kelly Square | |

OTHER

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Employee Referral | <input type="checkbox"/> MA Rehabilitation Commission | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Temporary Service | <input type="checkbox"/> Central MA Employ. Collaborative | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> State Employment Service | <input type="checkbox"/> Tech School/College Placement | <input type="checkbox"/> Recruiter |



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AFFIRMATIVE ACTION FORM

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Completion is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Sex: Male Female

Veteran: Yes No

Race/Ethnicity:

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic or Latino (All races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Hispanic or Latino (White race only) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race

Hispanic or Latino (all other races) – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White

Race missing or unknown – Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant



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PRIOR EMPLOYMENT CHECK FORM

APPLICANT'S AUTHORIZATION

I hereby authorize the addressed individual, company, or institution to furnish Quabaug Corporation with any information it may have concerning my work performance which is on record or otherwise, and do hereby release the addressed individual, company, or institution and all individuals connected therewith, including Quabaug Corporation, from all liability for any damage whatsoever incurred in furnishing such information.

 Applicant Signature Date

RE: _____

To Whom It May Concern:

Please record below your experience with the applicant's work performance, and return this form to us in the enclosed self-addressed stamped envelope or fax to the number listed below. We appreciate your help in expediting our hiring process by responding within three business days of when you received this request.

Sincerely,

Human Resources Representative

RECORD OF EMPLOYMENT

From	To	Position	Reason for Leaving		

	Excellent	Good	Average	Fair	Poor
Ability	_____	_____	_____	_____	_____
Conduct	_____	_____	_____	_____	_____
Productivity	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____

Would you rehire? Yes No

Additional comments regarding performance: _____

Signature _____

Title _____

Date _____

Please **FAX** to the
 Human Resources Department, (508) 867-5434
 OR **MAIL** to Human Resources Dept.,
 Quabaug Corporation, 18 School St.,
 N. Brookfield, MA 01535