



**Work Experience (cont'd)****PAGE 2**

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			
Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**CRIMINAL HISTORY**

An applicant for employment with a seal recorded record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to convictions. A conviction will not necessarily be a bar to employment. Factors such as age of time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?       No                       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST 5 YEARS OR FINISHED INCARCERATION FOR A MISDEMEANOR WITHIN THE PAST 5 YEARS ?       No                       Yes

(You need not answer "Yes" with respect to a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace.)

If yes, please explain: \_\_\_\_\_

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY:

APPLICATION FORM WAIVER

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Company Representative. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews.

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.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that if (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

All offers of employment are contingent upon permitting the completion of a background and driving record check. I understand that, in connection with the routine processing of this application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Micozzi Management is an equal employment opportunity employer. We adhere to a policy of making assignment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our organization.

## **APPLICANT INFORMATION RELEASE**

I hereby authorize Micozzi Management Inc. and its designated agents to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report for employment purposes. I understand the scope of the consumer report/investigative report may include, but is not limited to, the following areas:

Verification of Social Security number; current/previous residences; employment history including all personnel files; education; character references; credit history/reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal, or written, pertaining to me to Micozzi Management Inc. and its agents. I further authorize complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Micozzi Management Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability and damages of whatever kind, which may, at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand this authorization automatically expires 90 days from the date execute below and that I have the right to revoke the authorization at any time, provided I do so in writing.

I understand that all inquiries on this form are used for identification purposes only in order to conduct a background check, and are asked for legitimate nondiscriminatory reasons. Response to sex, age and race inquiries are voluntary, and choosing not to respond will not preclude hire or promotion. I understand submission of false information on this or any employment form may result in non-selection or in termination if hired. The following is my complete legal name, and all information is true and correct to the best of my knowledge. This is used for verification purposes only.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Drivers License # & state

\_\_\_\_\_  
Date of Birth