

Phillips Enterprises Inc.

149 Easthampton Road, Northampton, MA 01060
Phone: 413-586-5860



**AFTER COMPLETING APPLICATION, CLICK
HERE TO SUBMIT VIA EMAIL**

Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

City _____ State _____ ZIP Code _____

Home Phone: _____ Cell Phone: _____

Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you hear about the position: _____

Highest Level of Education

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma or Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____ May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Reason for Leaving: _____ May we contact your previous supervisor for a reference? YES NO

Miscellaneous

Identify formal job training that relates to this position:

Identify what skills or certifications you possess related to this position:

Are you legally eligible to work in the U.S.? YES NO If you are under 18 years of age, can you provide proof of your eligibility to work? YES NO

Do you have friends or relatives employed by this company? YES NO If yes, please provide their names and relationship to you? _____

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? YES NO If hired, do you have reliable means of transportation to and from work? YES NO

Will you be able to travel or work overtime as needed? YES NO

Professional References

Please list three professional references (not related to you).

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Disclaimer and Signature

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving, and criminal background.

Signature: _____ Date: _____

POLICY STATEMENTS

Please read each statement closely and initial each acknowledging your understanding

___ Equal Employment Opportunity Statement

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State, and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, sexual orientation, physical or mental disability, age or any other status protected by Federal, State, or local laws. The company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

___ Disclosure and Authorization to Applicants Concerning Drug/Alcohol Testing

If you are offered a position with the company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen.

If offered a position with Phillips Enterprises, I hereby agree to any legally permitted physical, psychological, skill, drug, or medical test required by the company as a condition of employment.

___ At-Will Employment and Company Obligation

I understand and agree that if I am employed, my employment will be "At-Will", which means that the company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the company unless made in writing and signed by the company's president.

I understand and agree that the company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the company is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY

Signature: _____ Date: _____