



**Application for Employment**

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

NESCO considers all applicants for employment without regard to race, color, religion, sex, national origin, age, ancestry, marital status, sexual orientation, handicap or disability, status as a Vietnam-era or special disabled veteran in accordance with federal law or any other protected classification. In addition, NESCO complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. NESCO also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with American with Disabilities Act and applicable state and local laws.

**Referral Source:** \_\_\_ Advertisement \_\_\_ Employee \_\_\_ Relative \_\_\_ Walk-in \_\_\_ Government Employment Agency  
\_\_\_ Private Employment Agency \_\_\_ Company website \_\_\_ Other (explain) \_\_\_\_\_

Name of source (if applicable): \_\_\_\_\_

**Name:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Address:** \_\_\_\_\_  
STREET CITY STATE ZIP CODE

**Telephone Number:** \_\_\_\_\_ **Alternative Number:** \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_ *Social Security # will be requested at time of job offer*

If less than 18 years of age, do you have a work permit? .....YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been submitted an application with NESCO before?.....YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give date(s)..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed with NESCO before?.....YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give date(s)..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you legally authorized to work in the United States? (You will be required to furnish proof of lawful work status if you are extended a job offer in accordance with the Immigration Reform and Control Act of 1986)..... YES \_\_\_\_\_ NO \_\_\_\_\_

Date available for work..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Salary desired: \_\_\_\_\_

Type of employment desired [ ] Full-Time [ ] Part-Time [ ] Temporary [ ] Seasonal

The days and hours you are available to work: \_\_\_\_\_  
(It is not necessary for you to identify unavailability for work because of religious observance or practice).

Will you be holding any other jobs while employed by the Company? [ ] Yes [ ] No

If so, please describe: \_\_\_\_\_

Are you prohibited from or limited in your performance of any job duties for the Company by any restrictive covenants not to compete, confidentiality agreements or any other contracted obligations? [ ] Yes [ ] No

*(If yes, please provide a copy of the agreement to the Hiring Manager or Human Resources)*

## Employment History

Provide the following information for your past and current employers, assignment or verified work performed on a volunteer basis. Starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

<b>EMPLOYER (CURRENT/MOST RECENT)</b>	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	FROM	TO	
JOB TITLE	HOURLY RATE/SALARY STARTING	\$ PER	
IMMEDIATE SUPERVISOR & TITLE	HOURLY RATE/SALARY FINAL	\$ PER	
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
<b>EMPLOYER</b>	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	FROM	TO	
JOB TITLE	HOURLY RATE/SALARY STARTING	\$ PER	
IMMEDIATE SUPERVISOR & TITLE	HOURLY RATE/SALARY FINAL	\$ PER	
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
<b>EMPLOYER</b>	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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JOB TITLE	HOURLY RATE/SALARY STARTING	\$ PER	
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REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER

**Comments-** including explanation of any gaps in employment \_\_\_\_\_

**Skills and Qualifications** – Summarize any special training, skills, licenses and/or certificates which qualify you as being able to perform job-related functions in the position for which you are applying. (i.e. forklift certification, etc.)

**Educational Background**

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A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Major Field of study.

A. NAME OF SCHOOL & ADDRESS	B. NUMBER OF YEARS COMPLETED	C. DEGREE/DIPLOMA	D. MAJOR AREA OF STUDY

**Military Service Record**

Have you ever served in the U. S. Armed Forces?  Yes  No List duties in the Service, including special training that is relevant to the position for which you have applied. \_\_\_\_\_

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**References**

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List name and telephone number of three **business/work** references that are not related to you. If not applicable, list three personal references that are not related to you.

NAME	TELEPHONE	YEARS KNOWN	TYPE OF REFERENCE

**PREEMPLOYMENT STATEMENT**

*(Please read carefully and sign the statement below)*

I understand and agree that:

- 1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Needham Electric Supply Corp (NESCO) employ.
- 2. Any offer of employment I may receive from NESCO is contingent upon my successful completion of the company’s total pre-employment screening process, including the company receiving references that it considers satisfactory.
- 3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of NESCO. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to NESCO.
- 4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
- 5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
- 6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President, General Counsel, Vice President, or Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Lie Detector Test

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 liabilities.

Criminal Background

If selected for an interview, I understand I will need to complete a supplemental information form regarding my criminal background.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*HR Use Only*

Action Taken	
Letter Sent (date)	