



EMPLOYMENT APPLICATION



Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the U.S. or do you have a legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> Any offer of employment is conditional upon you completing Form I-9 and providing documents establishing your identity and work authorization.			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?			
Do you have any Medical Conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> Disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> OUI/DUI Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please explain			
Are You Currently On Probation? Yes <input type="checkbox"/> No <input type="checkbox"/> Parole? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Married w/Children <input type="checkbox"/>			
Do You Have A Valid Driver License? Yes <input type="checkbox"/> No <input type="checkbox"/> Class ____ CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			
State: _____ DL#: _____			

References	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
May We Do A Background Check? Yes <input type="checkbox"/> No <input type="checkbox"/> By Checking YES, you are giving Figueroa & Son's Inc. express permission to do a background check	

Job Related Skills	

Employment History			
Company		From	To
Address		E-mail	
Phone #		Responsibilities	
Supervisor		May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company		From	To
Address		E-mail	
Phone #		Responsibilities	
Supervisor		May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company		From	To
Address		E-mail	
Phone #		Responsibilities	
Supervisor		May We Contact Yes <input type="checkbox"/> No <input type="checkbox"/>	

Additional Information	

Disclaimer and Signature	
<p>I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.</p> <p>I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.</p> <p>In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.</p> <p>I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.</p>	
Signature:	Date:
Please submit completed applications to: careers@thinkmvaautoworks.com 30 Evelyn Way, Vineyard Haven, MA 02568	