

A Custom Injection Molding Company.

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## **Employment Application**

Position Applied for:				Social Security Number:								
				Αp	plicant	Information						
Full Name:	ast					First	М	Date:				
Address.	Street Address							Apartme	nt/Unit #			
Phone:	City					Email	State	ZIP Code				
Date Availabl	le:					Desired Salar	ry: <b>\$</b>		_			
Job requirem requiremt	ent is age 18+, do you r ?	meet the	е	YES	NO	Referred by:_			_			
Are you legally authorized to work in the United States?			YES	NO	If no, are you	ı authorized to work	in the U.S.?	YES	NO			
Have you eve	er worked for this comp	any?		YES	NO	If yes, when?						
	_				Edu	cation						
High School:	Did you graduate?	YES	NO		Address	s:						
College:	Did you graduate:	YES	NO									
	Did you graduate?			De	egree:							
Trade, or Other:					Address	s:						
	Did you graduate?	YES	NO	D	egree/Ce	rtificate:						
					Refe	rences						
Please list th	ree professional refere	ences.										
1) Full Name:						Relationshi	o:					
Company, Address:							Phon	e:				
2) Full	Name:						Relationshi	o:				
Company Address:						Phon	۵٠					

3) Full Nam	ne:	Relationship:						
Company, Addres	ss:			Phone:				
	P	revious Employme	nt					
Company:				Phone:				
Address:				Supervisor:				
Job Title: Responsibilities:								
From:	To:	Reaso	on for Leaving:					
May we contact y	our previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:  Responsibilities:								
From:	To:	Reaso	on for Leaving:					
May we contact y	our previous supervisor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:								
Responsibilities:								
From:	To:	Reas	on for Leaving					
May we contact y	our previous supervisor for a reference?	YES	NO					
Are you a U.S. Veteran:	Yes No No	Military Service What is your U.S. Mi history, if any?	litary service					
	Dis	sclaimer and Signat	ure					
	answers are true and complete to the bleading information in my application o				and			
Signature:				Date:				