



APPLICATION FOR MASSACHUSETTS EMPLOYMENT

an Equal Opportunity Employer

P.O. Box 2467 • Old Belgrade Road • Augusta, ME • 04338-2467

NRF Distributors Inc. provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran and in accordance with all applicable federal, state and local laws. NRF complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has employees. This applies to all terms and conditions of employment, including hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

DATE	EMAIL		
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	CELL PHONE (optional)	UNDER 18 YRS. <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREFERRED METHOD OF CONTACT	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT		

HAVE YOU PREVIOUSLY APPLIED? PREVIOUSLY WORKED AT NRF?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION DESIRED
DATE AVAILABLE	(OPTIONAL) DESIRED SALARY \$	<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK

APPLICANTS ARE NOT REQUIRED TO DISCLOSE SALARY HISTORY UNDER MASSACHUSETTS LAW, HOWEVER, THEY MAY VOLUNTARILY DISCLOSE SALARY HISTORY.

WHO REFERRED YOU TO NRF DISTRIBUTORS?	<input type="checkbox"/> INDEED <input type="checkbox"/> CAREER CENTER	<input type="checkbox"/> RADIO <input type="checkbox"/> WALK-IN	<input type="checkbox"/> EMPLOYEE: _____ <input type="checkbox"/> OTHER: _____
---------------------------------------	---	--	---

CITIZENSHIP	ARE YOU ELIGIBLE TO BE LAWFULLY EMPLOYED IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.
-------------	--

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS: SUMMARIZE SPECIAL JOB-RELATED SKILLS, QUALIFICATIONS OR ANY OTHER INFORMATION ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE THAT WOULD BE HELPFUL IN CONSIDERATION FOR EMPLOYMENT.

SPECIALIZED SKILLS

CHECK COMPUTER/ SOFTWARE SKILLS	PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS <input type="checkbox"/> OUTLOOK EXPRESS <input type="checkbox"/> IPAD <input type="checkbox"/> ADOBE ACROBAT </td> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">OTHER SOFTWARE EXPERIENCE</p> <hr/> <hr/> <hr/> <hr/> <hr/> </td> </tr> </table>	<input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS <input type="checkbox"/> OUTLOOK EXPRESS <input type="checkbox"/> IPAD <input type="checkbox"/> ADOBE ACROBAT	<p style="text-align: center;">OTHER SOFTWARE EXPERIENCE</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> WORD <input type="checkbox"/> EXCEL <input type="checkbox"/> POWERPOINT <input type="checkbox"/> ACCESS <input type="checkbox"/> OUTLOOK EXPRESS <input type="checkbox"/> IPAD <input type="checkbox"/> ADOBE ACROBAT	<p style="text-align: center;">OTHER SOFTWARE EXPERIENCE</p> <hr/> <hr/> <hr/> <hr/> <hr/>		

ALL PAST EMPLOYMENT - LAST 10 YEARS (STARTING WITH MOST RECENT FIRST).

PRESENT OR MOST RECENT EMPLOYER:	
ADDRESS:	
STARTING DATE	LEAVING DATE
POSITION HELD	
NAME AND TITLE OF SUPERVISOR	PHONE # (MUST PROVIDE)
REASON FOR LEAVING	

EMPLOYER:	
ADDRESS:	
STARTING DATE	LEAVING DATE
POSITION HELD	
NAME AND TITLE OF SUPERVISOR	PHONE # (MUST PROVIDE)
REASON FOR LEAVING	

EMPLOYER:	
ADDRESS:	
STARTING DATE	LEAVING DATE
POSITION HELD	
NAME AND TITLE OF SUPERVISOR	PHONE # (must provide)
REASON FOR LEAVING	

EMPLOYER:	
ADDRESS:	
STARTING DATE	LEAVING DATE
POSITION HELD	
NAME AND TITLE OF SUPERVISOR	PHONE # (must provide)
REASON FOR LEAVING	

EMPLOYER:	
ADDRESS:	
STARTING DATE	LEAVING DATE
POSITION HELD	
NAME AND TITLE OF SUPERVISOR	PHONE # (must provide)
REASON FOR LEAVING	

PERSONAL REFERENCES			
NAME	BUSINESS	YRS. ACQUAINTED	TEL#
1.			
2.			
3.			

REFERENCE REQUEST

APPLICANT:

POSITION APPLIED:

The above person has applied for employment with NRF Distributors Inc. and has voluntarily submitted your name as a reference. So that we may give full consideration to this employment application, your immediate response will be appreciated.

APPLICANTS AUTHORIZATION: I hereby authorize past employers to furnish NRF Distributors with any information they may have concerning me which they have on record or otherwise. I hereby authorize NRF Distributors, Inc. to make a thorough investigation of my past employment. I agree to cooperate in such an investigation, and release from liability all persons and companies who supply such information to NRF Distributors, Inc.

PRE-EMPLOYMENT STATEMENT

If employed by the company, I understand that such employment is subjected to the policies of the company, as may be amended by the company from time to time. I further understand that any false or misleading answers, statements, or omissions made by me on this application or any supplement thereto may result in immediate discharge. I understand, if employed, that I will be an employee at will, which means that either the company or I may terminate employment at any time, with or without cause. I agree to wear or use protective clothing or devices as required by the company, to comply with all safety rules and adhere to all security rules.

SIGNATURE _____ DATE _____

FOR HR USE ONLY

Employed From: _____ to _____ Position Held: _____

Reason for Leaving: _____

Eligible For Rehire? _____ If no, why not? _____

Based on the information available to you, can you recommend this individual for the position applied for?

How would you rate this individuals attendance and punctuality? (Please circle one)

POOR

FAIR

GOOD

EXCELLENT

Additional Comments: _____

To discuss this information personally, please contact _____

Completed by _____ Work/ Personal Reference (circle one) Date _____