



## APPLICATION FOR EMPLOYMENT

*Metalenz (or "the Company") is an Equal Opportunity Employer. Metalenz offers equal employment opportunity to all applicants for employment and all employees regardless of sex, sexual orientation, age, race, color, religion, national origin, ancestry, veteran status, military service, disability, genetic information, participation in Metalenz group health insurance plan, receipt of free medical care, or any other status protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.*

Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address, Apt. No., or P.O. Box City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available to Start \_\_\_\_/\_\_\_\_/\_\_\_\_

Salary Desired: \_\_\_\_\_

### APPLICANT BACKGROUND

Have you ever used another name in your work and/or education records? Yes ☐ No ☐  
If yes, other names used \_\_\_\_\_

Are you 18 years of age or older? Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐

Do you have any friends, relatives, or acquaintances that work for Metalenz? Yes ☐ No ☐

If yes, state employee name and relationship? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever interviewed with Metalenz? If yes, when? Yes No

Can you furnish proof of eligibility to work in the United States? Yes No

Federal law requires that, if hired, you must furnish appropriate documentation establishing identity and employment eligibility, generally within 72 hours of starting work. Acceptable documentation includes, but is not limited to: a United States passport or social security card, a certificate of United States citizenship or naturalization or INS Forms 688 or 688A.

## EMPLOYMENT HISTORY

Please give accurate, complete employment data. Start with present or most recent employer. You may include any verified work performed on a volunteer basis, licensing certifications, and/or specialized training. If applicable, include military experience. In addition to answering these questions, please feel free to attach your resume.

Company name and mailing address:		Reason for leaving:
Job title:		
Phone:	Name of supervisor:	Employment dates:
	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	From: To:
Describe your job duties:		
Company name and mailing address:		Reason for leaving:
Job title:		
Phone:	Name of supervisor:	Employment dates:
	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	From: To:
Describe your job duties:		
Company name and mailing address:		Reason for leaving:
Job title:		
Phone:	Name of supervisor:	Employment dates:
	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	From: To:
Describe your job duties:		

*If you need additional space to adequately describe your employment history, please attach additional pages.*

## REFERENCES

Please list <b>3 PROFESSIONAL REFERENCES</b> we can contact who can verify your work history and performance. References should <b><u>not</u></b> be relatives and at least two must have directly supervised you at some time in your work history.		
1. Name and title:	Professional relationship:	Contact phone number and email:
2. Name and title:	Professional relationship:	Contact phone number and email:
3. Name and title:	Professional relationship:	Contact phone number and email:

**EDUCATION**

SCHOOL	Name	Course of Study	Graduated	Degree Earned
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade or Vocational School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please describe honors received and extracurricular activities. You may exclude organizations, the name or character of which indicate its members' race, sex, religion, national origin, age, ancestry, sexual orientation or any other category protected by state or federal law.

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**QUALIFICATIONS**

Please list any relevant licenses, skills, trainings, or awards: \_\_\_\_\_

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**MILITARY RECORD**

Have you ever served in the Armed Forces?

Yes ☐ No ☐

If yes, please identify your Branch and final rank \_\_\_\_\_

**LEGAL INFORMATION**

Massachusetts employees:

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 is subject to criminal penalties and civil liabilities.

## APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview(s) may result in rejection of my application or, in the event of employment, discharge.

I authorize verification of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release Metalenz from any and all liability or damage resulting from the verification process.

I further agree, if requested, to authorize Metalenz to conduct a consumer credit check, criminal convictions check and motor vehicle history inquiry as well as any other background check Metalenz may legally require as a condition of my employment. I understand that consideration of my application for employment is contingent upon my execution of a separate document authorizing the Company to obtain such reports.

I understand that this application and any of the Company's employment policies or employment handbooks are not intended to be nor constitute a contract of employment.

I understand that if I become employed by Metalenz, I will be an at-will employee. Accordingly, the employment relationship may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no supervisor, manager or representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR COMPANY USE ONLY:

Date of Application: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Hired: Yes ☐ No ☐

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

Position/Department: \_\_\_\_\_