



On-Line Application for Employment

An Equal Opportunity Employer

Please fill out form completely for employment consideration. Print and fax to 413-743-5552 or mail to Aladco Linen Services, Attn: Human Resource Dept., PO Box 151, Adams, MA 01220

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex etc... as prohibited by law.

Personal Identification:

Name: _____ Date: _____
(Last, First, Middle Initial)

Address: _____ Phone: _____
(Street City State)

Are you legally entitled to work in the U.S.: Yes No

Can you provide proof of U.S. Citizenship/Alien authorization? Yes No

Employment Desired:

Position or Type of Employment Desired: _____

If applicable, are you available to work over time? Yes No

Are you willing to work any shift, including Saturday? Yes No If no please state any limitations: _____ **Date Available to Start:** _____

Education:

High School Graduate or General Education (GED) Test Passed? Yes No

If no, list the highest grade completed: _____.

College (Highest level completed): _____

Special Skills:

List all pertinent skills and equipment that you can operate: _____

Employment History: (Most recent first)

①Employer: _____ Telephone Number: _____
Address: _____
Position: _____ From: _____ To: _____
May we contact this Employer Yes No Reason for Leaving: _____

②Employer: _____ Telephone Number: _____
Address: _____
Position: _____ From: _____ To: _____
May we contact this Employer Yes No Reason for Leaving: _____

③Employer: _____ Telephone Number: _____
Address: _____
Position: _____ From: _____ To: _____
May we contact this Employer Yes No Reason for Leaving: _____

Personal Health:

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No

What reasonable accommodation, if any would you request? _____

References: Give names of 3 persons not related to you, whom you have known at least 1 year

①Name: _____ Business: _____
Address: _____ Years Acquainted: _____
Street City/Town State/Zip

②Name: _____ Business: _____
Address: _____ Years Acquainted: _____
Street City/Town State/Zip

③Name: _____ Business: _____
Address: _____ Years Acquainted: _____
Street City/Town State/Zip

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant: _____ Date: _____