

Massachusetts Bay Lines, Inc.
60 Rowes Wharf
Boston, MA 02110
617-542-8000

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address _____

Permanent Address (if different than above) _____

Drivers License Number _____ Telephone _____

E-Mail Address: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by Mass. Bay Lines, Inc.?

3. How were you referred to Mass. Bay Lines, Inc.? _____

Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

1.	_____	_____
	Company Name(Current/Most Recent Employer)	Position Held
	_____	Dates Employed: _____
	Address	From To
	_____	_____
	Manager / Supervisor	Telephone Wage/Salary

	Reason For Leaving	
2.	_____	_____
	Company Name	Position Held
	_____	Dates Employed: _____
	Address	From To
	_____	_____
	Manager / Supervisor	Telephone Wage/Salary

	Reason For Leaving	
3.	_____	_____
	Company Name	Position Held
	_____	Dates Employed: _____
	Address	From To
	_____	_____
	Manager / Supervisor	Telephone Wage/Salary

	Reason For Leaving	

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References *Please do not include relatives or former employers.*

1.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone
	_____	_____
	Occupation	
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone
	_____	_____
	Occupation	
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone
	_____	_____
	Occupation	

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

In Case of Emergency Notify:

Name	Address	Phone#
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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____	Date: _____	
Remarks: _____ _____		
Neatness: _____	Ability: _____	
Hired Date: _____	Position: _____	Salary/Wages: _____
Approved by: _____	Title: _____	