

NEGOSHIAN ENTERPRISES

APPLICATION FOR EMPLOYMENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: _____

JOB POSITION YOU ARE APPLYING FOR

AVAILABILITY

DAYS _____ EVENINGS _____ NIGHTS _____ WEEKENDS _____

EXPECTED PAY RATE: _____

EDUCATION

HIGH SCHOOL: _____ YEARS COMPLETED _____

COLLEGE: _____ YEARS COMPLETED _____

COLLEGE: _____ YEARS COMPLETED _____

MILITARY: _____ YEARS COMPLETED _____

OTHER: _____ YEARS COMPLETED _____

OTHER: _____ YEARS COMPLETED _____

PLEASE LIST ALL CERTIFICATIONS AND OR LICENSES PERTAINING TO THE POSITION
YOU ARE APPLYING FOR:

WORK HISTORY

PRESENT EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MAY WE CONTACT: _____

SUPERVISOR NAME & TITLE: _____

YOUR POSITION: _____ START DATE: _____

NEGOSHIAN ENTERPRISES

APPLICATION FOR EMPLOYMENT

NAME: _____

WORK HISTORY CONTINUED

PREVIOUS EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MAY WE CONTACT: _____

SUPERVISOR NAME & TITLE: _____

YOUR POSITION: _____

START DATE: _____ FINISH DATE: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MAY WE CONTACT: _____

SUPERVISOR NAME & TITLE: _____

YOUR POSITION: _____

START DATE: _____ FINISH DATE: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MAY WE CONTACT: _____

SUPERVISOR NAME & TITLE: _____

YOUR POSITION: _____

START DATE: _____ FINISH DATE: _____

REASON FOR LEAVING: _____

NEGOSHIAN ENTERPRISES

APPLICATION FOR EMPLOYMENT

NAME: _____

PERSONAL REFERENCES

NAME: _____ TELEPHONE: _____

ADDRESS _____

YEARS KNOWN: _____ OCCUPATION: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

YEARS KNOWN: _____ OCCUPATION: _____

I hereby authorize Negoshian Enterprises Inc. or it's agent to investigate my previous record of employment to ascertain any and all information which may concern my record whether same is of record or not and I release my former employer from all liability for any damage on account of furnishing such information.

The above application was completed by me; all entries on it and information in it are true and complete to the best of my knowledge and any misrepresentations of information given shall be considered an act of dishonesty subjecting me to disqualification or immediate discharge of the position. I agree to furnish freely such information or documents that may be required to complete my employment file.

SIGNATURE: _____ DATE: _____



STTWA

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Statewide Towing Association, Inc.

11 Turnpike Road, Suite 202, Southborough, MA 01772
(508) 303-6699 Fax (508) 303-6697 office@statewidetowing.org

CORI REQUEST FORM

Statewide Towing Association, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not be necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

ID Theft Index PIN
(If Applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESS:

SEX: _____ HEIGHT: ___ft. ___in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

(Include state of issue)

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

* The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.