

**Application for Employment**

To be filled out by the applicant only. If you are physically unable to fill out this application, the company will provide you with assistance upon request. Answer all the questions. Print or type neatly and accurately. Attach supplements as requested and if necessary. Exclude any reference that may reveal or would reveal your race, ethnicity, religion, sexual orientation, and or marital status.



**An Equal Opportunity Employer**

The policy of the corporation prohibits any employment practice, which in any way discriminates or tends to discriminate against any person, employee or applicant for employment with respect to compensation, terms, conditions or privileges or employment because of an individual's race, color, religion, age, sex (including pregnancy), gender identity, sexual orientation, national origin, genetics, genetic information, marital status, veteran status, eligibility for military service, or disability as provided by law.

Please Print Clearly

Date of Application:

Last Name:		First Name:		Middle Initial:		Phone Number:			
Street Address:				City:		State:		Zip Code:	

Position applying for:		Location:		Indicate Your Availability						
Expected starting salary:		Date available to start work:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime		<input type="checkbox"/> Rotating Shifts <input type="checkbox"/> 8 Hour Shift <input type="checkbox"/> 10 Hour Shift <input type="checkbox"/> 12 Hour Shift		
				<input type="checkbox"/> 1 <sup>st</sup> Shift		<input type="checkbox"/> 2 <sup>nd</sup> Shift		<input type="checkbox"/> 3 <sup>rd</sup> Shift		<input type="checkbox"/> Any Shift

Are you eighteen years of age or over?			<input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about this position?			
Do you currently have the legal right to work in the US?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Online Posting		<input type="checkbox"/> Current Employee	
Are you currently a student?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Newspaper		<input type="checkbox"/> Employment Agency	
Are you currently on layoff with recall rights?			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other		<input type="checkbox"/> Walk In	
Have you ever worked for SWM?			<input type="checkbox"/> Yes <input type="checkbox"/> No		List any relatives or friends employed by SWM:			
If yes, Dates: _____ Location: _____								

	High School / GED				College / University				Graduate / Professional			
Name of school:												
Years completed (circle):	9	10	11	12	1	2	3	4	1	2	3	4
Diploma, Degree, or Field of Study:												

Branch of Military:						Rank & Position Held:					
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- 1) List any other training, certification or education relating to the job which you are applying.
- 2) List all activities, honor, and achievements, and professional or organizational affiliations that may relate to the job for which you are applying.
- 3) List any additional languages you speak that may relate to the job for which you are applying.
- 4) What are your career objectives?
- 5) Maximum percentage you're willing to travel that may relate to the job for which you are applying?

Please list your past 7 years employment history. You may also list any relevant, verifiable volunteer work.

Company Name		Phone No.	
Location		Hire Date	
Job Title		Termination Date	
Job Responsibilities			
Reason for leaving			

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Location		Hire Date	
Job Title		Termination Date	
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Applicant Printed Name	Applicant Signature	Date
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**I hereby declare the information provided by me in this application is true and complete, and I understand that providing false information is grounds for refusal to hire or for termination after employment.**

**Read Carefully**

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex (including pregnancy), age, disability, sexual orientation, gender identity, national origin, genetics, genetic information, marital status, veteran status, citizenship status, or other legally-protected status.

The information contained in this application is correct and accurate, to the best of my knowledge. I understand that employment is subject to verification of lawful age and legal right to work in the United States. I will submit such documents as may be necessary to verify the same.

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 shall be subject to criminal penalties and civil liability. Massachusetts General Laws c.151B prohibits employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for any non-medical purpose.

I understand that my possible employment is conditioned upon my being physically able to perform the job for which I am being considered (with or without a reasonable accommodation) and that this may be determined by a physical examination, including a drug screen, at SWM's expense.

I understand that employment is at will. In the event of employment, I understand fully that employment can be terminated by either party for any reason with appropriate notice.

I agree to adhere to the SWM Intl. Code of Conduct.

This application is considered active for 1 year from date of submission.