



To apply for a position at W.B. Mason, just print out and complete the following application. Then you can either fax or mail it to the appropriate Human Resources Branch Office office listed below. We look forward to hearing from you! Opening a PDF file requires that you have Acrobat Reader. You can download it FREE off the Adobe Acrobat web site at: <http://www.adobe.com/products/acrobat/readermain.html>

CONNECTICUT

East Windsor, CT

W.B. Mason Company
43 North Road
East Windsor, Connecticut
Fax: (508) 436-1032

Hamden, CT

W.B. Mason Company
2460 State Street
Hamden, CT 06511
Fax: (508) 436-1032

Stamford, CT

W.B. Mason Company
76 Progress Drive
Stamford, Connecticut 06902
Fax: (508) 436-1423

MASSACHUSETTS

Boston, MA

W.B. Mason Company
647 Summer Street
Boston, Massachusetts 02210
Fax: (617) 268-2596

Brockton, MA

W.B. Mason Company
59 Centre Street
Brockton, Massachusetts 02303
Fax: (508) 427-5338

Hyannis, MA

W.B. Mason Company
55 Falmouth Road
Hyannis, Massachusetts 02601
Fax: (508) 427-5338

Woburn, MA

W.B. Mason Company
274 West Cummings Park
Woburn, Massachusetts 01801
Fax: (508) 436-8810

Worcester, MA

W.B. Mason Company
Gold Star Blvd, 10 Distributor Road
Worcester, MA 01605
Fax: (508) 436-8810

MAINE

Augusta, ME

W.B. Mason Company
188 Water St
Augusta, ME 04330
Fax: (508) 436-8810

Saco, ME

W.B. Mason Company
73 Industrial Park Road
Saco, Maine 04072
Fax: (508) 436-8810

NEW HAMPSHIRE

Nashua, NH

W.B. Mason Company
12 Murphy Drive
Nashua, NH 03062
Fax: (508) 436-8810

NEW JERSEY

Pennsauken, NJ

W.B. Mason Company
1435 Melrose Highway
Pennsauken, New Jersey 08110
Fax: (508) 436-5320

Secaucus, NJ

W.B. Mason Company
535 Secaucus Road
Secaucus, New Jersey 07094
Fax: (201) 863-7593

South Brunswick, NJ

W.B. Mason Company
21 Commerce Drive
Cranbury, NJ 08512
Fax: (212) 620-5615

NEW YORK

Albany, NY

W.B. Mason Company
29 Mill Street
Albany, NY 12204
Fax: (508) 436-8245

Hauppauge, NY

W.B. Mason Company
90 Nikon Court
Hauppauge, NY 11788
Fax: (508) 436-1423

New York, NY

W.B. Mason Company
53 West 23rd Street, 10th Floor
New York, New York 10010
Fax: (212) 620-5615

Poughkeepsie, NY

W.B. Mason Company
900 Dutchess Turnpike
Poughkeepsie, NY 19103
Fax: (508) 436-8245

PENNSYLVANIA

Philadelphia, PA

W.B. Mason Company
1819 JFK Boulevard, Suite 226
Philadelphia, Pennsylvania 19103
Fax: (508) 436-5320

RHODE ISLAND

Cranston, RI

W.B. Mason Company
99 Bald Hill Road
Cranston, Rhode Island 02920
Fax: (617) 268-2596

VERMONT

St. Albans, VT

W.B. Mason Company
2 Lemnah Drive
St. Albans, VT 05478
Fax: (508) 436-8810



EMPLOYMENT APPLICATION

TO THE APPLICANT:

This is a pre-employment questionnaire to help us make our hiring decisions. For this reason, it is important that you fill out this application completely and truthfully. Please answer only those questions that are asked within this application. Any additional information that you provide that is not requested will not be considered and will void this application. If you receive an offer of employment, it will be conditioned upon passing a physical examination and a background investigation.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE EMPLOY, TRAIN, COMPENSATE, AND PROMOTE WITHOUT REGARD TO RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, GENDER, AGE, DISABILITY, SEXUAL ORIENTATION, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER BASIS PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAW.

Note to Applicants in Rhode Island: W.B. Mason is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERSONAL INFORMATION

Date _____

Name: _____

Last First Middle

Address: _____

Street Address City/State Zip Code

Previous Address: _____

Street Address City/State Zip Code

Home Phone: _____ Business Phone: _____ Social Security Number: _____

Have you ever worked or attended school under another name that we need to know to verify records? YES___ NO___

If Yes, what was the name? _____

Are you 16 years of age or older? YES___ NO___

Are you authorized and can you provide verification of your right to work in the United States? YES___ NO___

EMPLOYMENT DESIRE

What type of position are you interested in? Sales Staff___ Truck driver___ Other _____

If you are hired, what shift(s) are you available to work? First shift___ Second shift___ Third shift___

Date available to start work? _____ Salary desired \$ _____

Have you applied for work at W.B. Mason in the past? YES___ NO___

If YES, When did you apply? _____ And, where did you apply? _____

How did you find out about us? Friend___ Internet ___ Current employee___ Who?___ Paper___ Other___

EDUCATIONAL HISTORY

	School Name	Address (City & State)	Course of Study	Graduated/ Degree Received	List any additional courses or training
High School					
College					
Other					

EMPLOYMENT HISTORY

Are you presently employed? YES___NO___

Please provide the following information concerning your previous employers for the past five (5) years (start with the most recent and work backward):

Employer's Name & Address*	Manager's Name & Phone Number	Job/ Position	Employment Dates (MM/YY) From: To:	Last Salary	Reason For Leaving

* If you were known by another last name at any of these jobs, please provide that name.

OTHER PERSONAL HISTORY

Have you ever been convicted of a felony, YES___ NO___

If your answer is "yes," please explain:

Within the last 5 years, have you ever been convicted of a misdemeanor?* YES___ NO___

Conviction of a crime will not necessarily disqualify you from employment.

*Applicants in Massachusetts need not disclose misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbing the peace. Also, an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

CONNECTICUT APPLICANTS:

The applicant is not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon. Any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

I certify that the facts contained in this application are true and correct to the best of my knowledge and understand that, if I am employed, false or concealed statements on this application shall be grounds for dismissal, no matter when discovered.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason or no reason at all, without prior notice. I also understand that no representative of W.B. Mason, other than the President of the Company has authority to enter into any agreement to the contrary, and then only if such agreement is in a written and signed document.

I understand that this application does not guarantee a current job opening and does not obligate the Company to hire me.

Signature

Date

ALL APPLICANTS

PLEASE READ AND SIGN BELOW

I hereby authorize W.B. Mason to check and verify all information provided by me in this Application, including by speaking with or seeking information from references, former employees and educational institutions identified in this application. I hereby release and discharge W.B. Mason from any and all liability arising out of, related to or resulting from such verification process. W. b. Mason reserves the right to deny you employment, or to terminate your employment, if and when it discovers that you have provided incorrect, inaccurate or untruthful information on this application.

Signature

Date

APPLICANTS IN MASSACHUSETTS:

PLEASE READ AND SIGN BELOW

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.

I acknowledge that I have read and understand the previous statement of law. I further acknowledge that W.B. Mason has not requested nor have I submitted to a lie detector or similar test.

Signature

Date





DISTRIBUTION APPLICATION

TO BE COMPLETED BY THOSE INTERESTED IN A TRUCK DRIVER OR WAREHOUSE POSITION

Name:

	Last	First	Middle
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Address:

	Street Address	City/State		Zip Code
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Mailing Address (if different):

	Street Address	City/State		Zip Code
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Home Phone:

Business Phone	Social Security Number	
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Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES___ NO___

If Yes, please explain _____

Has any license, permit or privilege ever been suspended or revoked? YES___ NO___

If Yes, please explain _____

DRIVER LICENSES

State	License Number	Type of License	Expiration Date

DRIVER EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat etc...)	Dates/ From:	To:

ACCIDENT RECORD

Date of Accident	Nature of Accident	Injuries

TRAFFIC CONVICTIONS

Date	Location	Charge/Penalty



RELEASE AND AUTHORIZATION FORM

Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with the reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or source that provided the information.
- III. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **W.B. MASON CO., INC.** or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **W.B. MASON CO., INC.** This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items; alcohol tests with a result of .004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

If currently employed, may we contact your current employer? YES NO N/A

Please print your full name (Last) (First) (Middle)

Home Address

City State Zip Code

Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI.

Sex: Male Female

Race: Asian Black Hispanic White Other

Driver's License Number State Issuing License

Signature Date