



# Application for Employment

An Equal Opportunity Employer

810 Turnpike Road, P.O. Box 257, New Ipswich, NH 03071 | Phone: (603) 878-2300 • Fax: (603) 878-3519

**Position Applied For:** \_\_\_\_\_ **Date of Application:**     /     /

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ M. \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Address (Mailing):** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Address (Physical):** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone:** (     ) - \_\_\_\_\_ **Mobile, Beeper, Other #:** (     ) - \_\_\_\_\_

**Referred By:**  Newspaper  Employee  Relative  Other **Name of Source:** \_\_\_\_\_

Have you submitted an application to this company before?  Yes  No If Yes, when? \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, when? From: \_\_\_\_\_ To: \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal  Educational Co-op

Rate of Pay Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you presently employed?  Yes  No If yes, may we inquire of your present employer?  Yes  No

When is the best time to call you? :  AM  PM What day? \_\_\_\_\_ At what phone #? \_\_\_\_\_

Will you travel if the job requires it?  Yes  No Will you stay overnight if required?  Yes  No

Will you work overtime if required?  Yes  No If no, explain? \_\_\_\_\_

Can you meet the attendance requirements of this position?  Yes  No If no, explain? \_\_\_\_\_

Do you have any physical limitations which would prevent you from carrying out the tasks that are required

\_\_\_\_\_

\_\_\_\_\_

Have you ever pled "guilty" to or "no contest" to or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

Answering "yes" to this question does not constitute an automatic bar of employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license #: \_\_\_\_\_ Is it Valid?  Yes  No State of Issue: \_\_\_\_\_

**EMPLOYMENT HISTORY** (List below last three employers, starting with the last one first).

Date:month/year	Name and Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				

<b>SKILLS AND QUALIFICATIONS:</b> Summarize training, skills, licenses and/or certificates relevant to the position applied for.

<b>EDUCATIONAL BACKGROUND:</b>			
Name and Location	Years attended	Did you graduate?	Course of study
1-12			
College			
Other			

<b>REFERENCES:</b>		
Name and Address	Telephone	Years known
	( ) -	
	( ) -	
	( ) -	

**Applicant Statement**

I certify that all the information that I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to a.) cancel further consideration of this application or b.) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DO NOT WRITE IN THE BOX BELOW

Notes:	
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No    Position:	Date Reporting to work:    /    /
Approved By:	Date:    /    /                      Salary/Wage: