



11 INDUSTRIAL DRIVE • LONDONDERRY, NH • 03053
PHONE: (603) 625-5761 • FAX: (603) 625-1567

Job Application

Social Security # _____ - _____ - _____ Date: _____

Name: _____
(Last / First / Middle)

Address: _____
(Street / City / State / Zip)

Telephone: (____) _____ - _____ Email Address: _____

Are you 18 years of age or older? ____ YES ____ NO

If hired, can you provide written evidence that you are authorized to work in the U.S.? ____ YES ____ NO

Education:

Type	Name/Location	Course of Study	# Yrs Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical/ Other	_____	_____	_____	_____

U.S. Military Service:

Branch of service: _____ FROM: _____ TO: _____

Rank and Type of service: _____

Training/Experience received: _____

Employment Record:

- Company name & location: _____
 Position held: _____ Start / Finish date: _____ / _____ Wage/Salary: _____
 Reason for leaving: _____
- Company name & location: _____
 Position held: _____ Start / Finish date: _____ / _____ Wage/Salary: _____
 Reason for leaving: _____
- Company name & location: _____
 Position held: _____ Start / Finish date: _____ / _____ Wage/Salary: _____
 Reason for leaving: _____

Employment:

Type of Work Desired: _____ Wage/Salary Desired: _____

How were you referred to our organization? _____

Do you have any relatives that are employed by this organization? ____ YES ____ NO

Please specify: _____

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?
____ YES ____ NO

Please specify: _____

Have you ever filed an application with us before? _____

Have you ever been employed with us before? _____

If yes, provide date: _____

Date available for work? _____

Are you available to work full time? ____ YES ____ NO (please indicate 1st / 2nd / 3rd shift)

References (DO NOT INCLUDE FAMILY / RELATIVES):

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Applicant’s Statement:

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this employment at will policy cannot be changed verbally or in writing unless that change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant’s signature: _____

Date: _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Actions responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential file and are not a part of your application for employment or personnel file.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for the statistical analysis with respect to the success of the Affirmative action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		

Address		

City	State	Zip
_____	_____	_____
Social Security No.		

Check one:

___ MALE ___ FEMALE

Check on of the following: (Ethnic origin)

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other | <input type="checkbox"/> Asian/Pacific Islander |

Check if any of the following are applicable:

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran |
|--|---|