



619 Sand Road • Pembroke, N.H. 03275 • Phone: (603) 228-5558

Application for Employment

DATE OF APPLICATION: _____

PERSONAL INFORMATION

NAME:			SOCIAL SECURITY NO. (OPTIONAL)
MAILING ADDRESS:			TELEPHONE – HOME:
CITY:	STATE:	ZIP CODE:	TELEPHONE – CELL:

EMPLOYMENT INFORMATION

POSITION APPLYING FOR:	DATE YOU CAN START:	SALARY DESIRED:
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WHO REFERRED YOU, IF ANYONE? _____

ARE YOU ABLE TO MEET THE ATTENDANCE REQUIREMENTS (8 TO 10 HOURS/DAY, SATURDAYS REQUIRED)? YES NO

CONSTRUCTION JOBS ARE NOT ALWAYS LOCAL, ARE YOU WILLING COMMUTE TO THE DIFFERENT JOBSITES? YES NO

WILL YOU WORK OVERTIME, IF REQUIRED? YES NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO

IF YES, GIVE DATES AND POSITION: _____

ANSWERING "YES" TO THE FOLLOWING QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS THE DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO CONSIDERATION.

HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? YES NO

IF YES, PLEASE PROVIDE DATE(S) AND DETAILS: _____

EMPLOYMENT HISTORY (STARTING WITH YOUR MOST RECENT)

EMPLOYER:	TELEPHONE: ()	DATES EMPLOYED (MONTH/YEAR): / TO /
ADDRESS (STREET, CITY, STATE AND ZIP CODE)		SALARY:
POSITION:	IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING?		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER:	TELEPHONE: ()	DATES EMPLOYED (MONTH/YEAR): / TO /
ADDRESS (STREET, CITY, STATE AND ZIP CODE)		SALARY:
POSITION:	IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING?		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER:	TELEPHONE: ()	DATES EMPLOYED (MONTH/YEAR): / TO /
ADDRESS (STREET, CITY, STATE AND ZIP CODE)		SALARY:
POSITION:	IMMEDIATE SUPERVISOR:	
REASON FOR LEAVING?		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION HISTORY:

HAVE YOU GRADUATED FROM HIGH SCHOOL OR PASSED THE GED? YES NO

PLEASE LIST HIGH SCHOOL, COLLEGE, BUSINESS SCHOOL, MILITARY TRAINING AND OTHER RELEVANT EDUCATION INFORMATION

SCHOOL NAME AND LOCATION	MONTH AND YEAR ATTENDED FROM: _____ TO: _____	MAJOR: TYPE OF DEGREE / YEAR RECEIVED:
SCHOOL NAME AND LOCATION	MONTH AND YEAR ATTENDED FROM: _____ TO: _____	MAJOR: TYPE OF DEGREE / YEAR RECEIVED:
SCHOOL NAME AND LOCATION	MONTH AND YEAR ATTENDED FROM: _____ TO: _____	MAJOR: TYPE OF DEGREE / YEAR RECEIVED:
U.S. MILITARY OR NAVY SERVICE	DATES OF SERVICE FROM: _____ TO: _____	RANK: SPECIALTY DESIGNATOR:

REFERENCES

PLEASE PROVIDE THREE BUSINESS/ WORK REFERENCES, WHO ARE NOT RELATED TO YOU.

NAME (FIRST AND LAST):	COMPANY / ADDRESS	TELEPHONE ()	YEARS KNOWN
NAME (FIRST AND LAST):	COMPANY / ADDRESS	TELEPHONE ()	YEARS KNOWN
NAME (FIRST AND LAST):	COMPANY / ADDRESS	TELEPHONE ()	YEARS KNOWN

IF BUSINESS REFERENCES ARE NOT APPLICABLE, LIST THREE SCHOOL, MILITARY OR PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME (FIRST AND LAST):	ADDRESS	TELEPHONE ()	RELATIONSHIP	YEARS KNOWN
NAME (FIRST AND LAST):	ADDRESS	TELEPHONE ()	RELATIONSHIP	YEARS KNOWN
NAME (FIRST AND LAST):	ADDRESS	TELEPHONE ()	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FOR UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITY ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

SIGNATURE: _____ DATE: _____

-----OFFICE USE ONLY-----

INTERVIEW DATE: _____	HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
POSITION: _____	DATE OF EMPLOYMENT: _____
RATE OF PAY: _____	APPROVED: _____
REMARKS: _____	