



Phone (603) 934-6745

PO Box 175. 563 S. Main St.

Fax (603)934-2999

APPLICATION FOR EMPLOYMENT

Applicant Name _____

Date of Application _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

*Review information provided by previous employers:

*Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer:

*Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

DO YOU HAVE A VALID, CURRENT DRIVER'S LICENSE? _____

Signature _____ **Date** _____

APPLICANT TO COMPLETE
(Answer all questions, please print)

Position(s) applied for _____

Name _____ Social Security No _____

Last

First

Middle

List your addresses of residency for the past 3 years

Current address _____

State

City

State

Zip Code

Phone

Previous address _____

Street

City

State and Zip

How long?

Street

City

State and Zip

How long?

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ **To** _____ **Rate of Pay** _____
Position _____

Reason for leaving? _____

Are you employed now? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)_____

If yes, explain_____

EMPLOYMENT HISTORY

NOTE: List employers in reverse order starting with the most recent.

Employer Name_____

Address_____

City_____ **State**_____ **Zip**_____

Contact Person_____ **Phone number**_____

Date of Hire_____ **to**_____ **Position held**_____

Salary/Wage_____ **Reason for leaving**_____

Employer Name_____

Address_____

City_____ **State**_____ **Zip**_____

Contact Person_____ **Phone number**_____

Date of Hire_____ **to**_____ **Position held**_____

Salary/Wage_____ **Reason for leaving**_____

Employer Name_____

Address_____

City_____ **State**_____ **Zip**_____

Contact Person_____ **Phone number**_____

Date of Hire_____ **to**_____ **Position held**_____

Salary/Wage_____ **Reason for leaving**_____

Personal References:

Name _____ Address _____ Phone _____ Years known _____

Name _____ Address _____ Phone _____ Years known _____

In Case of Emergency, who would we notify? _____

Phone: _____

Education

Circle the highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College Degree _____

Last school attended _____

To be read and signed by applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____