



47 Main Street Walpole, NH 03608  
[www.47mainwalpole.com](http://www.47mainwalpole.com)

Application for Employment

Date of Application \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last, First, MI)	Email address		
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No. (        )        -	Referred By		

**EMPLOYMENT DESIRED**

Position		Date Available to Start	Desired Salary
Are you currently employed?  _____yes    _____no	If so, may we contact your current employer?  _____yes    _____no	Are you looking for Full-Time or Part-Time? Circle one What is your availability?	
Have you ever applied to this company before?  _____yes    _____no	If so, where & when?	Are you legally authorized to work in the US?  _____yes    _____no	

**SEALED RECORD NOTICE-** Applicants having sealed conviction records on file with the Commission of Probation may answer "no" to the following:

Have you been convicted of a misdemeanor within the last five years?  _____yes    _____no	If yes, please explain.
Have you ever been convicted of a felony?  _____yes    _____no	If yes, please explain.

**EDUCATION HISTORY**

Name & Location of School	Years Attended	Did you graduate?	Subjects studied
High School			
College			
Trade, Business or Correspondence School			

**GENERAL INFORMATION**

Subjects of special study/research work	
Special Training	
Special Skills	
US Military or Naval service	Rank

**FORMER EMPLOYERS-** Beginning with most recent

Date (month- year)	Name & Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				

**REFERENCES-** Give below the names of three persons not related to you, whom you have known at least one year

Name	Address	Business	Years Known

**AUTHORIZATION**

"I certify that the facts contained in the 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 from 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 Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_