



APPLICATION FOR EMPLOYMENT SAFETY

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, gender, sexual preference, age, national origin, physical or mental handicap or veteran status and to satisfy the requirements of The Americans with Disabilities Act of 1990 (as amended) as well as state laws governing the employment of individuals with disabilities.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

Position Applying For: _____

Application Date: _____

Are you at least 18 years of age? Yes No

Personal Information

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Permanent Address (if different from above):

Street and Apt. # City State Zip Code

Telephone: _____ Cell Phone: _____ E-Mail: _____

Please provide an email address that the company may utilize to provide notifications.

Person to be notified in case of an accident or emergency:

Name Relationship Telephone / Cell Phone Number

For positions requiring driving or operating a vehicle for business use:

Do you have a valid Driver's License? Yes No Driver's License #: _____ State: _____

Have you ever served in the U.S. Military? Yes No If yes, please provide the following information:

Branch of Service: _____ Rank at Time of Separation: _____

Service Dates: _____ Special Honors: _____



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First Name: Middle Initial: Last Name:

Employment History

Present or Most Recent Employer: Has Resume Been Submitted: Yes No (if yes, skip to page 3) Employer: Address: Position:

Duties:

Dates of Employment: From To May we contact? Yes No

Supervisor: Title:

Reasons for Leaving:

Prior Employer:

Employer: Address:

Position:

Duties:

Dates of Employment: From To May we contact? Yes No

Supervisor: Title:

Reasons for Leaving:

Prior Employer:

Employer: Address:

Position:

Duties:

Dates of Employment: From To May we contact? Yes No

Supervisor: Title:

Reasons for Leaving:



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First Name: _____	Middle Initial: _____	Last Name: _____
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Education

High School: _____

Address: _____

Technical or Vocational School: _____ Specialty: _____

Did you graduate? Yes No Attended From _____ To _____

If you did not graduate, did you receive your GED? Yes No

Special honors or awards: _____

College or University: _____

Address: _____

Did you graduate? Yes No Attended From _____ To _____

Degree: _____ Major: _____

Special honors or awards: _____

Position Information

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Desired Salary: _____ Per Diem: _____



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Skills

Please describe any skills you have in the following areas:

Computer: _____

Languages Spoken (other than English): _____

Additional Skills: _____

Certifications: _____

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal.

I understand that I may be required to submit to a background screening process during the next step of pre-employment testing and evaluation and that I will be given the opportunity to discuss any concerns that I may have with regards to this screening process during a personal interview (conducted either in person or via telephone).

If I choose to continue in the screening process, I understand that I may be required to sign a release authorizing a background screening company designated by the Employer noted on this application and or its clients to whom I may be assigned to investigate my personal information for the sole purpose of determining employment eligibility. The personal information investigated may include but is not limited to, employment history, educational verifications, drug testing, credit reports (subject to all Fair Credit Reporting Act requirements) motor vehicle screens and criminal records investigation.

I understand that in order to be made an offer of employment, any and all required screens that I submit to must meet the requirements of the Employer and or their clients to whom I would be assigned. I release and forever discharge the Employer noted on this application, its clients, the background screening company, laboratories and the agents and employees of all noted from any lawsuits, proceedings, claims or causes of action arising from the test or tests and from any action or inaction of the Employer and or its clients based on the results of the testing.

I understand that should I become employed in New Hampshire and should my assignment/employment end that NH Employment and Training Law requires that I contact my Employer for possible reassignment prior to filing for unemployment insurance benefits. Failure to do so may result in a denial of those benefits.

Furthermore I understand that if I am hired, employment with the Employer noted on this application is "at will," which means that either the Employer or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ Date: _____

Print Name: _____