APPLICATION FOR EMPLOYMENT

STORRS POND RECREATION AREA

P.O. Box 106

Hanover NH 03755

Do not write in box. For official use only upon h	iring.
Position:	Starting Wage:
Hire date:	\$

DATE of APPLICATION:			Da	te of Availa	bility to St	art Work if Hired:		
NAME.						Social Security:		
NAME:	First		Middle			Security.		
Present Address:								
Street				City		State	ZIP Code	В
Present Address:								
Street				City		State	ZIP Code	3
Phone Numbers:	Daytime:				Ni	ghts:		
e-mail address:								
	(If Available, e-mail will not be used as a prin	mary contact method, nor will it	be put to an unauthoriz	ed usage.)				
Position Desired:		Hours Per	Week Desired:			Desired Salary:		
Have you had any ex	norionce with any of	Over the Counter	r Sales?	YES	NO	Food Service?	YES	NO
the following?	perience with any or	Customer Relation	ne?	YES	NO	Light Janitorial Duties?	YES	
•		Customer Relatio	лі5:			-		NO
				Ор	eration of	maintenance equipment?	YES	NO
Certifications	List all certifications and		s in Swimmin ropriate. (if A _l			Aid, CPR and any others t	hat you fe	el are
U.S. military Service:	ARMY/AIR FO					WHEN SERVED:		
CURRENT MEMBERSHIP	NAVY/MARIN IN THE NATIONAL GUARI		YES	NO	R	ANK:		
	<u> </u>							
Education	Name & Location	Of School	Years Attended	Did You Graduate?		Subjects Studie	:d	
Grammar School								
High School								
College, Trade, Business or Correspondence School								
	YES NO			YES	NO	If Yes Phone Number		
Are You Currently Employed?	TES NO N	lay We Inquire with y	our Employer?	123		of Current Employer		
If Yes To The Above Ouestions V	What Is Your Current Supervisor's	s Name?						
			If Yes, When?					
	ed With This Company Before?							
	following questions will not au ed of a crime or misdemeanor?	V=0 N0				gainst you in this jurisdiction?	YES	NO
If yes to either please explain.								
				olication, the a	pplicant acl	knowledges to such check may	be conducte	ed.
Former Employers:	(List below last four employer	s, starting with last o	ne first).		1			
ate of Employment Month & Year	NAME & ADDRESS C EMPLOYI		Salary	Position		Reason for Leavi	ing	
From:								
To: Present					+-			
From: To:					1			
From:					+			
To:					1			
From:					1			
To:					1			

References:	(Give the name	es of three persons not related to you, whom yo	ou have known at least 5	years).	
Name		Address		Business	Years Acquainte
		 			
Physical Record: Do you have any physical I	imitations that	preclude you from performing any work fo	r which you are being	considered?	YES N
If Yes to the above question, wha	t can be done to a	accommodate your limitations?			
Please describe:					
riease describe.					
DEDOON TO NOTIFY IN					
PERSON TO NOTIFY IN CASE OF EMERGENCY:			1	DAYTIME:	
	Name		_		
				Nights:	
	Relationship			-	
A criminal backgrou	ınd check may b	e a prerequisite for certain positions, by signing	g below the Applicant ac	knowledges to such check	may be conducted.
any and all information co from all liability for any da	oncerning my p amage that ma	dismissal. I authorize investigation of all storevious employment and any pertinent infray result from furnishing the same to you. Less of the date of payment of my wages an Signature: X	ormation they may ha I understand and agre	ve, personal or otherwise that, if hired, my emp	se, and release all parties loyment is for no definite
Dutc.		0.ga.a.o. <u>1</u>	Thank-You for su	ubmitting an application	with our firm.
		Do not Write Below This Line.	For Official Use	Only.	
INTERVIEWED BY:			DΔ1	TE OF INTERVIEW:	
INTERVIEWED DT.				TE OF INTERVEN	
HIRED: YES/NO			POSITION:		
Circle One					
DATE REPORTING TO WOR	<u>K:</u>		SALARY/WAGE:		

DAYS OF AVAILABILITY

MON TUES WED THUR FRI SAT SUN
Circle All Available Dates

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

Please email completed employment application to info@storrspond.org