

Equal access to employment is available to all applicants. Those requiring reasonable accommodation to the application and/or interview process should notify the interviewer in advance for arrangements.

Name _____ Application date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell: () _____ E-mail: _____

In case of emergency, notify: _____ Phone: () _____ Relationship: _____

Address: _____

Have you ever been employed here before? ____ If so, dates: _____ Are you at least 18 years old? _____

Position(s) applying for: _____

Are you legally eligible for employment in this country? Yes No Date available for work: _____

How did you learn of employment opportunities at Monadnock Worksource? _____

Interested in full time employment only: _____ Part time employment only: _____ Either: _____

Driver's License #: _____ State _____ Have you held a driver's license for at least 3 years? _____

List any motor vehicle violations, with details, in the past 5 years: _____

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes No

If "yes", provide dates and details: _____

Have you ever been involved with an investigation through BDS or BEAS? Yes No

If yes, may we contact the area agency to get additional information? Yes No

EMPLOYMENT HISTORY

Starting with your most recent employer, please provide the following information:

EMPLOYER: _____ Address: _____

Dates employed: _____ Position title and description: _____

Supervisor: _____ Phone: () _____ Contact? Yes No Later

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Dates employed: _____ Position title and description: _____

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EDUCATIONAL INFORMATION

Starting with the most recent school attended, please provide the following information:

SCHOOL (include City and State): _____

Years completed: _____ Degree obtained: _____ Major: _____

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Years completed: _____ Degree obtained: _____ Major: _____

ADDITIONAL INFORMATION: _____

REFERENCES

Please provide the names and numbers of three work/supervisor references:

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Name: _____ Phone: () _____ Relationship: _____

Please provide the name and number of one personal/family reference:

Name: _____ Phone: () _____ Relationship: _____

After reading the job description(s), **are you able to perform the essential functions of the job(s) for which you are applying** (with or without reasonable accommodation)? This question is not designed to elicit information about a disability. Please do NOT provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No **Need more information about "essential job functions" to reply.**

I certify that all the information I have provided is true, complete, and accurate. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I expressly authorize, without reservation, Monadnock Worksource representatives to contact and obtain information from all references (personal and professional), employers, licensing authorities, public agencies, and educational institutions and to otherwise verify the accuracy of any information I have provided. To assist in the processing of my application, I waive all rights and claims I may otherwise have against Monadnock Worksource or its representatives, for seeking and using information to evaluate my employment request an all other persons, corporations, or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand Monadnock Worksource may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I fully understand and accept all terms and conditions in the above statement.

Signature: _____ Date: _____