

(Classification) \_\_\_\_\_  
(Classification) \_\_\_\_\_

(Bond) \_\_\_\_\_

(Log Code) \_\_\_\_\_

**Central NH Employment Services, Inc.**

1 Mill Plaza  
Laconia, NH 03246  
(603)528-2828 or (800)256-2482  
www.cnhesinc.com

Date: \_\_\_\_\_

Shift: \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> Mon – Fri \_\_\_\_\_ Weekends \_\_\_\_\_

Professional \_\_\_\_\_ Technical \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent: \_\_\_\_\_ F/T: \_\_\_\_\_ P/T: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street City/State Zip

Alternate Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you willing to take a Drug & Alcohol and Criminal background check? Yes No  
Have we put you to work before? Yes/No If Yes Where? \_\_\_\_\_  
Have you ever registered with us before? Yes / No Did you have a different name \_\_\_\_\_  
How did you hear about CNHES? \_\_\_\_\_ Date Available to work: \_\_\_\_\_  
Are you currently working? **Yes / No** Can we contact you at work? **Yes / No** Are you in a lay-off and subject to recall? **Yes / No**

**Education**

High School: \_\_\_\_\_ City, State: \_\_\_\_\_ Diploma GED None  
College: \_\_\_\_\_ City, State: \_\_\_\_\_ Degree: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
College: \_\_\_\_\_ City, State: \_\_\_\_\_ Degree: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Work History**

Company: \_\_\_\_\_ City, State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_ Shift \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per: Hour / Week / Bi-Week / Year Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_ Shift \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per: Hour / Week / Bi-Week / Year Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_ Shift \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per: Hour / Week / Bi-Week / Year Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_ Shift \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per: Hour / Week / Bi-Week / Year Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

**Position Desired:** \_\_\_\_\_

**Pay rate or salary range:** \_\_\_\_\_

**Emergency Information**

Name of person to contact in case of an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Home: \_\_\_\_\_

**Travel**

Do you have a valid Drivers License? Yes / No Do you have a CDL? Yes / No Class: \_\_\_\_\_  
Do you have an Automobile? Yes / No How much travel is acceptable? \_\_\_\_\_

**Basic Information**

Do you have Military Experience? Yes / No If yes what rank? \_\_\_\_\_ What Branch? \_\_\_\_\_  
Do you have the right to work in the U.S.? Yes / No  
Do you currently hold any certificates or Licenses? \_\_\_\_\_  
Have you ever been convicted of a felony? **Yes / No**

**Skills**

Office Skills: What office machines have you used? \_\_\_\_\_  
Typing WPM: \_\_\_\_\_ Computers: Macintosh \_\_\_\_\_ IBM \_\_\_\_\_ Windows: \_\_\_\_\_ Microsoft: \_\_\_\_\_  
Computer Software: MSWord MS Excel WordPerfect AmiPro Quattro Pro MS Works Internet SAP Other: \_\_\_\_\_  
Bookkeeping: Full Charge Assistant Posting A/P A/R P&L Taxes QuickBooks Peachtree

**Work References:** Name of person in your field whom we have permission to contact immediately:

Preferably supervisors whom you have reported to. (NOT FRIENDS OR RELATIVES!)

**Name / Company**

**Title / Phone Number**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

I hereby certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever and that I have not knowingly withheld any information that would affect this application unfavorably. I hereby authorize Central NH Employment Services, Inc. to obtain information concerning me from former employers and others, and I release all concerned from liability in connection with them. I agree that my previous employers shall not be held liable in any respect if an employment offer is not tendered, is withdrawn or my employments is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I hereby release said employers, school, or persons from liability for any damages whatsoever for issuing this information. All qualified candidates will receive consideration for employment without regard to sex, age, race, creed, color, national origin, disability, ancestry, veteran status, sexual orientation or any other legally protected status.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Office use only:  
Notes: