

(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: _____ 1st _____ 2nd _____ 3rd 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: _____
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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: