

11 West Main Street | PO Box 571 | Bradford, NH 03221 | 603-938-5323 www.kearsargefoodhub.org | info.kearsargefoodhub@gmail.com

Application for Employment

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, sex, religion, national origin, disability, citizenship, marital status, military status, sexual orientation, gender identity or expression.

DATE:

PERSONAL IN	FORMATION									
NAME:				PRONOUNS:		NS:	DATE OF BIRT		E OF BIRTH	:
STREET ADDRESS:			C	CITY			STATE			ZIP
PHONE:				EMAIL:				<u> </u>		
Are you a U.S. o	itizen or legally authoriz	ed to work in this cou	intry	/?	YES	NO				
MPLOYMEN'	T DESIRED									
POSITION:			DATE YOU CAN START:				PAY DESIRED:		D:	
ARE YOU CURRENTLY EMPLOYED? YES / NO			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES / NO							
EVER WORKED FOR KEARSARGE FOOD HUB? YES / NO			IF SO, WHEN?							
MONDAY	TUESDAY	WEDNESDAY	THURSDAY			FRIDAY	SATU	SATURDAY		SUNDAY
GENERAL INFORMATION SPECIAL SKILLS / TRAINING:										
COMPUTER KNOV	NLEDGE:									
HOW DID YOU	HEAR ABOUT US? WAL	K-IN ADVERTISEME	ENT	RE	FERRAL	OTHER:				
NOTES:										

WORK HISTORY (most recent first)	Incomplete info may	disqualify you from t	further consideration.	. Attach resume or	additional
pages as needed.					

SALARY

NAME & PHONE OF EMPLOYER

POSITION

REASON FOR LEAVING

FROMTO						
FROMTO						
FROMTO						
FROMTO						
REFERENCES: give the nam	nes of 3 references not rela	ated to you	ı that you have l	known for at least	2 years	
NAME (FIRST LAST)	RST LAST) PHONE NUMBER		ATIONSHIP	BUSINESS	YEARS KNOWN	
ARE YOU AT LEAST 18 YEARS OF If not, you may be required to p		YE	SNO			
ARE YOU UNDER 16 YEARS OLD You may not be eligible to work		YE	sNO			
HAVE YOU BEEN CONVICTED OF	A FELONY OFFENSE?	YE	SNO			
IF SO, WHEN? WHERE?						
FOR WHAT OFFENSE?						
Note: not all convictions will aut misrepresentation of this inform			but will be consider	ed in relation to speci	fic job requiren	nents. Omission or
ARE YOU ABLE TO PERFORM TH standing for an extended period			ich you are applyin		onable accomr	nodation (this includes

AUTHORIZATION

DATE (MM/YY)

I agree that all the statements on this application are accurate and understand that any false information, omissions or misrepresentations may result in the rejection of this application or my discharge. I authorize investigation of all statements contained in this application and authorize any person or organization to provide such information. Further, I understand and agree that, if hired, my employment is at will, meaning that it is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time without any previous notice and for any reason. This application will only be valid for 30 days; thereafter, I understand I will have to complete a new one.

Signature Date		
Signature	Signaturo	
		Date