



APPLICATION FOR EMPLOYMENT

J. LAWRENCE HALL CO., LLC
17 PROGRESS AVE ■ NASHUA, NH 03062 ■ (603) 882-2021

APPLICATION DATE _____

Social Security Number _____

PERSONAL INFORMATION

NAME _____ (LAST) (FIRST) (MIDDLE)

ADDRESS _____ (STREET) (CITY) (STATE) (ZIP)

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES [] NO []

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES [] NO []

EMPLOYMENT DESIRED

POSITION _____ DATE AVAILABLE TO START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? YES [] NO [] IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES [] NO []

HAVE YOU WORKED FOR OR APPLIED FOR EMPLOYMENT WITH THIS COMPANY IN THE PAST? YES [] NO [] IF YES, WHEN? _____

WHAT POSITION WAS HELD BEFORE? _____ I HEARD ABOUT THIS NEW POSITION FROM: _____

EDUCATION

Table with 5 columns: TYPE OF SCHOOL, NAME & ADDRESS OF SCHOOL, NO. OF YEARS ATTENDED, DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include High School, College, and Trade or Business School.

MILITARY

Table with 3 columns: U.S. MILITARY OR NAVAL SERVICE, RANK, PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.): _____

FORMER EMPLOYERS

(LIST BELOW LAST 3 EMPLOYERS; PLEASE START WITH THE MOST RECENT)

DATES	NAME & ADDRESS OF EMPLOYER	FINAL SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

REFERENCES

(GIVE THE NAME OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	BUSINESS/RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY."

SIGNATURE_____
DATE

INTERVIEWED BY: _____ **DATE:** _____**REMARKS:** _____
_____**NEATNESS:** _____ **ABILITY:** _____**HIRED:** YES NO **POSITION:** _____ **DEPT:** _____**SALARY/WAGE:** _____ **DATE REPORTING TO WORK:** _____**APPROVED:** 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER