

# Farmsteads of New England, Inc.

213 Center Road, Hillsborough, NH 03244

Phone (603) 464-2590 ♦ Fax (603) 464-4426 ♦ E-mail info@farmsteads-ne.org

## Application for Employment

We are an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Preferred Shift: \_\_\_\_\_

Name: \_\_\_\_\_  
 LAST FIRST MIDDLE

Address: \_\_\_\_\_ Town \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Days/Hours available for work \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? \_\_\_\_\_ NA \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to meet the attendance requirements for the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime (violation, misdemeanor, felony)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had a complaint filed against you that was founded for abuse, neglect, or exploitation at ANY Agency or Region, or by BEAS or DCYF or similar agency in ANY state or country? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If you answered yes to either of the two preceding questions, please explain on a separate piece of paper.)

Are you willing to submit to a criminal record background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to submit to a driving record background check? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Work Experience: List present and former employers beginning with the most recent. Please attach additional sheets if needed.

From:	To:	Employer:	Phone:
Job Title	Address		
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities		
Reason for Leaving	Hourly Rate/Salary FINAL \$	Per [ ] Hour [ ] Week [ ] Month [ ] Year	Full-time [ ] Part-time [ ]

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AN EQUAL OPPORTUNITY EMPLOYER

**Skills and Qualifications**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: \_\_\_\_\_

**Record of Education (IF JOB RELATED)**

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	YEAR OF GRADUATION	COURSE OF STUDY
High School				
College				
Other				

**Personal References (NOT FORMER EMPLOYERS OR RELATIVES)**

NAME	PHONE	YEARS KNOWN

**To be completed by all applicants – Please read carefully before signing**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I GIVE THE EMPLOYER THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

**Your signature acknowledges you have read and agree to the material above.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_