



PO Box 38, 14 Evarts Road North Hartland, VT 05052

Phone: 802-295-3196 Fax: 802-295-2473

APPLICATION FOR EMPLOYMENT

NHTC is an Equal Opportunity Employer and does not discriminate against any application based on race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

BEST WAY TO CONTACT YOU: HOME PHONE CELL PHONE EMAIL

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OR OLDER? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE)

DATE MONTH & YEAR FROM	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS PHONE	YEARS ACQUAINTED

"I CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. THIS COMPANY IS HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PRIOR EDUCATIONAL AND EMPLOYMENT HISTORY.

I UNDERSTAND THAT EMPLOYMENT AT THIS COMPANY IS "AT WILL" WHICH MEANS THAT EITHER I OR THIS COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND FOR ANY REASON NOT PROHIBITED BY STATUTE. ALL EMPLOYMENT IS CONTINUED ON THAT BASIS. I UNDERSTAND THAT NO SUPERVISOR, MANAGER, OR EXECUTIVE OF THIS COMPANY, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ALTER THE FOREGOING."

DATE: _____ SIGNATURE: _____

=====

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

REMARKS: _____

PRESENTATION _____

HIRED: YES NO POSITION: _____ DEPARTMENT: _____

SALARY / WAGE _____ DATE REPORTING TO WORK: _____

APPROVED _____

DEPARTMENT HEAD