

**BECKET FAMILY OF SERVICES
EMPLOYMENT APPLICATION**

P O BOX 325, ORFORD, NEW HAMPSHIRE 03777

PHONE: 603-353-9102

FAX: 603-353-9412

Application Date: _____

PERSONAL INFORMATION		
Last Name _____	First Name _____	Middle Initial _____
Social Security No: _____		
Present Address: _____		
Street Address _____	Mailing Address _____	
City/Town _____	State _____	Zip _____
Permanent Address (If different from above) _____		
Street Address _____	Mailing Address _____	
City/Town _____	State _____	Zip _____
Phone: _____ Email: _____		

EMPLOYMENT INTEREST
Position: _____ Date you can Start? _____ Salary Desired: _____
Are You Employed now? _____ May we Inquire of Your Present Employer? _____
Have you every applied to this organization before? _____ When & Where: _____
Where did you hear about the position you are applying for: _____
PHYSICAL RECORDS: Do you have any physical condition which may limit your ability to perform the job applied for? [This question is voluntary, and any answer will be kept confidential)

REFERENCES

Names & Address & Phone # of 3 Persons Not Related to You, Whom You Have Known for at Least One Yr		
NAME	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

Becket Family of Services is an equal opportunity employer and will not discriminate in the hiring process because of sex, religion, race, color, age, national origin, or disabilities.

Revised 7/21/2008

EDUCATION AND TRAINING

Type of School Training	Name & Location Of School	Number of Years Completed	Subjects Studies & Degree (s) Received
High School			
Trade or Business			
College			
Graduate			
License or Certificate of Training			
<u>Other Special Training</u>			

Employment History

[list below the last three employers, starting with the last one first]

Company Name	Employed (Month & Year) From: To:
Address & Telephone No:	Pay or Salary:
State Job Title & Describe Your Work:	Reason for Leaving:
Company Name	Employed (Month & Year) From: To:
Address & Telephone No:	Pay or Salary:
State Job Title & Describe Your Work:	Reason for Leaving:
Company Name	Employed (Month & Year) From: To:
Address & Telephone No:	Pay or Salary:
State Job Title & Describe Your Work:	Reason for Leaving:

I HEREBY ATTEST that all statements made in this application are true and correct to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature of Applicant: _____

Date: _____