

EDUCATION								
	NAME AND ADDRESS OF SCHOOL	COURSE STUDY DEGREE: MAJOR FIELD	LAST YEAR COMPLETED				GRADUATED	
HIGH SCHOOL			1 —	2 —	3 —	4 —	__ Yes	__ No
COLLEGE/ UNIVERSITY			1 —	2 —	3 —	4 —	__ Yes	__ No
TECHNICAL COLLEGE			1 —	2 —			__ Yes	__ No
OTHER (Specify)			1 —	2 —	3 —	4 —	__ Yes	__ No

MILITARY		
Branch of Service	Date Entered	Date of Discharge
Are you are member of any Military Reserve Unit? __ Yes __ No		Date:
If Yes, give name:		From: To:
Service School or Special Experience:		

SECRETARIAL AND CLERICAL			
(Check all that apply)			
Typing: wpm	__ MS Word	__ Calculator	__ Transcription
Shorthand: wpm	__ Excel	__ Publisher	
List any other computer software programs you are experienced with.			

OTHER QUALIFICATIONS
List any special skills and qualifications acquired from employment or other experience.

PROFESSIONAL LICENSES & CERTIFICATIONS			
Type	License / Certif. Number	State Issued	Expiration Date
Are there any restrictions on your license? If "yes" explain.			__ Yes __ No
Is your license now, or has it ever been, under investigation or encumbered? If "yes" explain.			__ Yes __ No

Employment Experience

Are you currently employed?	Yes	No
May we contact your current employer?	Yes	No

Please list your work experience beginning with your **CURRENT OR MOST RECENT JOB** held. Include any job-related military service assignments and volunteer activities. *You may exclude organizations, which would reveal race, color, religion, gender, national origin, disability, or other protected status.*

Job Title		Dates (mo/yr)		Work Performed:	
Employer		From	To		
Address					
		Hourly Rate / Salary			
Phone #		Start	Final		
Supervisor					
If employed under another name, please provide name:					
Reason for leaving:					
Job Title		Dates (mo/yr)			Work Performed:
Employer		From	To		
Address					
		Hourly Rate / Salary			
Phone #		Start	Final		
Supervisor					
If employed under another name, please provide name:					
Reason for leaving:					
Job Title		Dates (mo/yr)		Work Performed:	
Employer		From	To		
Address					
		Hourly Rate / Salary			
Phone #		Start	Final		
Supervisor					
If employed under another name, please provide name:					
Reason for leaving:					

<p>This application for employment shall be considered active for 90 days and will be retained for one year. Any applicant wishing to be considered for employment beyond this time period should notify Human Resources at 365-8704.</p>

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview EI Yes LI No Remarks _____

Employed D Yes LI No Date of Employment _____

INTERVIEWER

DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

EBCH&NH is an Equal Opportunity Employer