CEDARDALE, INC. 931 Boston Road Haverhill, Massachusetts 01835 (978) 373-1596

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL	(Please Print)		Date		
Name		First		Middle	
Address					
No.	Street	City		State	Zip
Home Phone:		_Cell Phone:			
Email:			Are you over 18 yea	ars of age?	Yes 🛛 No
Are you legally eligible for perma	nent employment in the United State	s?	(If hired, ver	rification will be rec	quired by law).
Position(s) applied for				Full Time	Part Time
If part time, check days/hours av	ailable: Mon to	; □ Tues	to; DAMPM		to; ™ □;
$\Box \text{ Thurs. } \underset{\Box AM \Box PM}{\Box aM \Box PM} \text{ to } \underset{\Box AM \Box PM}{\Box aM \Box PM};$	Fri to;] Sat t	o;		M
Date you are available to start we	ork:	alary or Wages o	desired: \$	Hourly	Weekly
Have you worked for us before?_	If YES, when?				
Indicate certifications or special s	kills <i>(i.e., CPR, First Aid—include ex</i>	piration dates, p	lease):		

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STURY	YEARS COMPLETED	DID YOU GRADUATE?
ELEMENTARY				
HIGH SCHOOL				
COLLEGE		MAJOR		
		DEGREE		
OTHER				
Are you employed at th	ne present time? 🛛 Yes 🗌 No	If so, may we inquire of your	present employer?	Yes No
GENERAL (Subj	ects of Special Study or Research Work)			
U.S. Military or Naval Service		Present Merr RankNational Gua	bership in rd or Reserves	

PRIOR EMPLOYMENT

(Start with mos	t recent employer)
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EMPLOYER:	PHONE	FROM: TO:
	()	
ADDRESS:	CITY, STATE, ZIP	POSITION:
DUTIES:		SUPERVISOR'S NAME:
		STARTING SALARY/WAGES:
		FINAL SALARY/WAGES:
EMPLOYER:	PHONE: ()	FROM: TO:
ADDRESS:	CITY, STATE, ZIP	POSITION:
DUTIES:		SUPERVISOR'S NAME:
		STARTING SALARY/WAGES:
		FINAL SALARY/WAGES:
EMPLOYER:	PHONE: ()	FROM: TO:
ADDRESS:	CITY, STATE, ZIP	POSITION:
DUTIES:		SUPERVISOR'S NAME:
		STARTING SALARY/WAGES:
		FINAL SALARY/WAGES:

PERSONAL REFERENCES Give the names of three persons not related to you, whom you have known at least a year.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

PHYSICAL RECORD

Do you have any physical limitations	that preclude you from	performing any work for	which you are being considered?
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Name

If YES, what can be done to accommodate your limitation?

Please describe:

In case of

emergency notify:

Address

Phone No.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, 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 prior notice."

Date	Signature	
	DO NOT WRITE BELOV	V THIS LINE
SUMMARY OF INTERV	/IEW:	
Accepted for employment:	Yes No Position:	
Starting Rate \$	per 🛛 Hour 🗖 Week	Scheduled to start work:
Interviewed by:		. Date:
Approved by:		. Date: