

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 _____ Soc. Sec. # _____
Last First Middle

 Address _____
No. Street City State Zip

 Telephone No. _____ Are you over 18 years of age? Yes No

Are you legally eligible for permanent employment in the United States? _____. (If hired, verification will be required by law).

 Position(s) applied for _____ Full Time Part Time

 If part time, check days/hours available: Mon. _____ to _____;
□AM □PM □AM □PM; Tues. _____ to _____;
□AM □PM □AM □PM; Wed. _____ to _____;
□AM □PM □AM □PM
 Thurs. _____ to _____;
□AM □PM □AM □PM; Fri. _____ to _____;
□AM □PM □AM □PM; Sat. _____ to _____;
□AM □PM □AM □PM; Sun. _____ to _____;
□AM □PM □AM □PM

 Date you are available to start work: _____. Salary or Wages desired: \$ _____ Hourly Weekly

Have you worked for us before? _____. If YES, when? _____

Indicate certifications or special skills (i.e., CPR, First Aid—include expiration dates, please): _____

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
ELEMENTARY				
HIGH SCHOOL				
COLLEGE		MAJOR		
		DEGREE		
OTHER				

 Are you employed at the present time? Yes No If so, may we inquire of your present employer? Yes No
GENERAL (Subjects of Special Study or Research Work)

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves _____

 Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)?
 (A conviction does not necessarily disqualify an applicant for the position being applied for) _____ If YES, list convictions:

PRIOR EMPLOYMENT (Start with most recent employer)

EMPLOYER:	PHONE: ()	FROM:	TO:
ADDRESS: CITY, STATE, ZIP		POSITION:	
DUTIES:		SUPERVISOR'S NAME:	
		STARTING SALARY/WAGES:	
REASON FOR LEAVING:		FINAL SALARY/WAGES:	
EMPLOYER:	PHONE: ()	FROM:	TO:
ADDRESS: CITY, STATE, ZIP		POSITION:	
DUTIES:		SUPERVISOR'S NAME:	
		STARTING SALARY/WAGES:	
REASON FOR LEAVING:		FINAL SALARY/WAGES:	
EMPLOYER:	PHONE: ()	FROM:	TO:
ADDRESS: CITY, STATE, ZIP		POSITION:	
DUTIES:		SUPERVISOR'S NAME:	
		STARTING SALARY/WAGES:	
REASON FOR LEAVING:		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? Yes No

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

Please describe: _____

In case of emergency notify: _____
Name 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 BELOW THIS LINE

SUMMARY OF INTERVIEW: _____
Accepted for employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____
Starting Rate \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week Scheduled to start work: _____
Interviewed by: _____ Date: _____
Approved by: _____ Date: _____