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39 Rockingham Rd., Rte. 28 P.O. Box 837 Windham, NH 03087 T. 603-898-5000 • F. 603-898-1676 Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by federal, state or local law.

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
Last Name:	First	Middle	Date:	
Street Address:		Apt. No.	Home: ()	
City, State, Zip:			Cell: ()	
Mailing Address (if different than abo	ve)		Social Security Number	
How long have you lived at this addre	ess?		If Under 18, Please List Age	
Position Applying For:			Pay Expected:	
Type of Employment			Date You Can Start Work:	
Full or Part-Time 🔲 Full-	Time Only Part-Time Only; How	many hours/week?	_	
	for Cyr Lumber & Home Center before? lease describe in full.		Will you work overtime if asked?	
We are open 7 days a week, days and evenings. Can you work any day of the week or any schedule needed?				
Yes I can work any schedule needed	No Please list the days and hours you can work:			
Do you have a valid Driver's License	?			
Yes Deperator	Commercial (CDL)			
No Suspended; D	ate expected back	Revoked	Never Received a License	
What is your means of transportation	n to work?			
HAVE YOU EVER BEEN CONVICTED OF A CRIME?				

SCH00L	NAME OF SCHOOL CITY & STATE	NO. OF YEARS COMPLETED		DEGREE OR DIPLOMA
HIGH SCHOOL			Yes No	
TRADE OR TECHNICAL			Yes No	
COLLEGE			Yes No	

		Work Experience: Please list your work experience, beginning with your present or most recent job held. If you were self-employed, list company name. Please give accurate and compete information.			
EMPLOYMENT HISTORY		Company Name:	Tel. ()		
		Address, City & State:	Employment Dates - Month/Year From: To:		
	1	Supervisor's Name:	Pay or Salary Start: Last:		
		State Job Title and Describe Your Work:	Reason for Leaving - Be Specific		
		Company Name:	Tel. ()		
	2	Address, City & State:	Employment Dates - Month/Year From: To:		
		Supervisor's Name:	Pay or Salary Start: Last:		
		State Job Title and Describe Your Work:	Reason for Leaving - Be Specific		
		Company Name:	Tel. ()		
	3	Address, City & State:	Employment Dates - Month/Year From: To:		
		Supervisor's Name:	Pay or Salary Start: Last:		
		State Job Title and Describe Your Work:	Reason for Leaving - Be Specific		
		Company Name:	Tel. ()		
	4	Address, City & State:	Employment Dates - Month/Year From: To:		
		Supervisor's Name:	Pay or Salary Start: Last:		
		State Job Title and Describe Your Work:	Reason for Leaving - Be Specific		
		may contact the employers listed above for additional information we contact your present employer?	n regarding your employment.		
M I L	На	ve you ever been in the Armed Forces?	If "Yes" what Branch?		
		Dates of Service From:To:			
I T A	Are you now a member of the National Guard? Describe any training you received relevant to the positions for which you are applying.				
R Y					

R		References: Please list names of three persons other than relatives or previous employers.					
E		Name	Address	Profession	Years Acquainted		
LERENCE							
S							
A D		Additional Personal Information: Please list membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those that may disclose your race, color, religion, age or national origin.)					
D I T							
0							
N A L		Skills and Work Habits: Use this sp knowledge and good work habits that		, training,			
Ţ							
N F							
0		Did you complete this application yo	urself? 🖵 Yes 🔲 No If not, who	did?			
S I G N A		Application Statement Please read and understand this statement before signing your application:					
		The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.					
		I authorize Cyr Lumber & Home Center, to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, related resume or personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.					
U		This Application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.					
R E		This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that on one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such an officer.					
		I fully understand and accept all terms and conditions in the above statement.					
Date Applicant's Signa							