

Plaistow Learning Center, Inc.
95 Plaistow Road Plaistow ,NH. 03865
Phone(603) 382-4500 Fax(603) 382-0030

Application for Employment

Date: _____

This application needs to be filled out in it's entirety for us to review it, if an item does not apply to you simply state "N/A" (not applicable)

PERSONAL INFORMATION

Name(Last Name/Middle Name/First)_____

Email Address: _____

Physical Address (No P.O. Boxes)_____

Apt. # _____ City _____ State _____ Zip _____

Mailing Address:_____

Apt. # _____ City _____ State _____ Zip _____

Home Phone (____)_____ Cell Phone (____)_____ Pager (____)_____

Are you 18 years or older? Yes ___ No ___

Are you either a U.S. Citizen/Alien authorized to work in the U.S. ? Yes___ No___

In case of an emergency, notify:_____

Address _____ Phone (____) _____

DESIRED EMPLOYMENT

Position _____ Date you can start:_____ Salary desired: \$ _____

Are you employed now? Yes___ No___ If so may we contact you present employer?

Yes___ No___

Have you ever applied at this company before? Yes___ No___ When? _____

Who referred you to this company? Employment Agency ___ Newspaper ad ___ Friend

___ State Employment Office ___ College placement service ___ Walk in ___

Other ___

FORMER EMPLOYERS

List 3 below

Name of present or last employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Starting Date: __/__/__ Leaving Date: __/__/__ Job Title: _____

Weekly starting salary \$ _____ Weekly Final Salary \$ _____

May we contact you supervisor? Yes___ No___ Phone # () _____

Name of Supervisor: _____

Description of Work: _____

Reason for leaving? _____

Name of present or last employer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: __/__/__ Leaving Date: __/__/__ Job Title: _____
 Weekly starting salary \$ _____ Weekly Final Salary \$ _____
 May we contact you supervisor? Yes___ No___ Phone # () _____
 Name of Supervisor: _____
 Description of Work: _____
 Reason for leaving? _____

Name of present or last employer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Starting Date: __/__/__ Leaving Date: __/__/__ Job Title: _____
 Weekly starting salary \$ _____ Weekly Final Salary \$ _____
 May we contact you supervisor? Yes___ No___ Phone # () _____
 Name of Supervisor: _____
 Description of Work: _____
 Reason for leaving? _____

EDUCATION

School Level	Name/ Location	# Yrs. Attend	Did you Graduate?/Year	Subjects Studied
Grammar				
High School				
College				
Trade/Buss.				
Other				

GENERAL

Subjects of Study or Research Work:

Special Training:

Special Skills:

REFERENCES

Below, give the names of 3 persons you are not related to, whom you have known at least 1 year:

	Name	Address	Phone #	Years Aquatinted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SPECIAL QUESTIONS

Do you have any physical limitations that prelude you from performing any work for which you are being considered? Yes___ No___

If yes, what can be done to accommodate your limitations?

Have you ever been arrested for any reason? Or have you ever been summoned to appear in court? Yes___ No___

If yes, please explain:

Have you ever been convicted of a felony or a misdemeanor? Yes ___ No___

If yes, please explain:

I attest that the above information is true in its entirety, if any of the above listed information provided by me is found to be untrue, this will result in my immediate dismissal from the company:_____

(Signature)

Please return completed application to:

Email: Learn@PlaistowLearningCenter.com

Fax: (603) 382-0030

Mail to:

Plaistow Learning Center, Inc.
95 Plaistow Road
Plaistow, NH. 03865

