

## **EMPLOYMENT APPLICATION**

Innovative Services of New Hampshire is an equal opportunity employer. Discrimination of the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation, or any other non-merit factor is strictly prohibited.

## **Personal Information**

Last Name		First Name				
Address	City		State/Zip			
Phone Number:		Email address.				
Do you have?				Morning		
❖ Valid Driver's License?	Yes	NO	Desired Shift	Evening		
❖ A Car?	Yes	NO		Overnight		
Date you can start.						
Are you Employed Now?		May we Contact your Employer?				
Have you ever been convicted of a crime (including misdemeanors, felonies, and arrest(s) which has not been annulled or expunged or sealed by a court? Yes No If yes, describe conditions: Conviction will not necessarily mean immediate disqualification for employment.						

**Note**: If you are hired you will be required to produce proof of your identity and authorization to work in the U.S. before you commence work with us.

**Innovative Services of New Hampshire Inc.** | This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the prior written consent of Innovative Services of New Hampshire Inc.

## **Education**

School	Name & Location	Number of years	Did you graduate?	Degree
High school				
College/ Graduate school				
Vocational/ Business/other				

## **Previous Employment**

Company	Phone			
Address	Supervisor's full name			
Job Title				
Responsibilities				
Month/year Month/year From To	Reason for Leaving			
May we contact your previous supervisor for a reference?	Yes No			

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DISCLAIMER A  I certify that the information on this application is true I authorize investigation of all statements contained misrepresentation or omission of facts called for is ca This authorization shall be valid from the date of my	I in this application and nuse for dismissal.	
May we contact your previous supervisor for a reference?	Yes	No
Month/year Month/year From To	Reason for Leaving	
Responsibilities		
Job Title		
Address	Supervisor's full name	
Company	Phone	