

**APPLICATION
FOR
EMPLOYMENT**

PEOPLE'S LINEN SERVICE
9 GIFFIN STREET (PO Box 751)
KEENE, NH 03431

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizen status or any other legally protected status

Position Applied For:		Date:	
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Home Telephone		Cell Phone	

Are you authorized to work in the United States?..... Yes No

Are you age 18 or older?..... Yes No

Have you ever been employed at People's Linen. If yes when? _____ Yes No

Do any of your friends or relatives work here?..... Yes No

If yes, state name(s) and relationship _____

Do you have a valid state motor vehicle operator license Yes No

If yes, State of Issue _____ License No. _____

Are you currently employed?..... Yes No

If yes, may we contact your current employer?..... Yes No

What is your desired wage? _____ Date available to work? _____

When are you available to work? **(Check all that apply)** Full Time Part Time Temporary until _____
 Mornings Afternoons Evenings Nights

Have you ever been convicted of a felony?..... Yes No

A criminal record does not constitute an automatic bar to employment

Education

School	Name and Location	Course of Study	Years	Diploma / Degree
High School				
College				
Other				
Other				

Experience

Start with your present or last job and include all work including military or volunteer activities. Exclude information which indicates race, color, religion, gender, national origin, disabilities or other protected status.

Company	From (Date)	Until (Date)	Work or activity performed
Address			
Telephone No.	Starting Wage	Final Wage	
Job Title			
Reason for leaving or wanting to leave			

Company	From (Date)	Until (Date)	Work or activity performed
Address			
Telephone No.	Starting Wage	Final Wage	
Job Title			
Reason for Leaving			

Company	From (Date)	Until (Date)	Work or activity performed
Address			
Telephone No.	Starting Wage	Final Wage	
Job Title			
Reason for Leaving			

References (Do not include relatives)

NAME	TELEPHONE NUMBER	OCCUPATION

Applicant's Statement

- I certify that all answers and information given on this application are true and complete.
- I authorize People's Linen Service to investigate all information in this application as may be necessary in arriving at an employment decision including employment, motor vehicle and criminal history records.
- I understand that this application will be considered active for a period of time not to exceed 30 days
- I understand that any employment relationship with People's Linen Service is of an *at will* nature which means an employee may resign at any time, and People's Linen Service may discharge an employee at any time with or without cause.
- In the event I am employed by People's Linen Service, I understand that false or misleading information given by me in this application or in interviews may be grounds for discharge from employment

Signature of Applicant

Date