



173 Buxton Industrial Drive, PO Box 870, Henniker, NH 03242

APPLICATION FOR EMPLOYMENT

ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON SUCCESSFUL COMPLETION OF A
PRE-EMPLOYMENT PHYSICAL AND DRUG TEST.

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Referred by: _____

Phone: _____ Best time to call: _____

Position applying for: _____

Date you are available to start: _____

Have you ever worked here before? _____ When: _____

Have you ever been convicted of a crime? _____ If yes; please explain below

Are you employed now? _____ May we contact your present employer? _____

License Number: _____ Are you 18 years or older? _____

(Required for Driving Positions Only)

Employment History - (Please be specific)

Dates	Employer Name & Address	Rate of Pay	Job Duties	Reason for Leaving
From:				
To:				

Telephone: _____ Supervisor: _____

Dates	Employer Name & Address	Rate of Pay	Job Duties	Reason for Leaving
From:				
To:				

Telephone: _____ Supervisor: _____

Dates	Employer Name & Address	Rate of Pay	Job Duties	Reason for Leaving
From:				
To:				

Telephone: _____ Supervisor: _____

Education

	Name/Location	Yrs Attended	Yr Graduated
High School			
College			
Trade			

References

Name	Address	Phone #	Relationship

List your skills and any equipment you can operate: _____

All of the jobs offered require physical exertion. Please look through the list below and tell us if you can perform these functions with or without reasonable accommodations:

	Yes	No
Standing:	<input type="checkbox"/>	<input type="checkbox"/>
Lifting:	<input type="checkbox"/>	<input type="checkbox"/>
Carrying:	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Reaching:	<input type="checkbox"/>	<input type="checkbox"/>
Working in extreme heat/cold:	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive motions:	<input type="checkbox"/>	<input type="checkbox"/>

Are you under the care of a physician or currently receiving medical treatment for any injury, physical defect, chronic ailment or any other condition which could affect your ability to perform the job which you are applying? _____ Yes _____ No

If you answered yes, please explain fully: _____

Michie Corporation, in accordance with state and federal law, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disabilities, or any other legally protected status. Please read the following statements carefully, they constitute the conditions under which you might be employed by this company.

The information I have provided on this application is accurate to the best of my knowledge. It is subject to verification by Michie Corporation. I hereby consent to having Michie Corporation contact anyone (including but not limited to former employers) it deems appropriate to investigate any information I have given, or discuss my suitability for employment, and I waive any claims I may have related to such discussions. I understand that any misrepresentation or omission by me on the data set forth in this application shall be just cause for no offer of employment or termination of my employment.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that if I am hired I will be employed at will and that my employment may be terminated at any time, with or without cause, at the option of either Michie Corporation or myself.

I have read and understand the above.

Signature

Date

For Office Use Only:

Date Received: _____ Approved By: _____ Position: _____

Date Hired: _____ Start Date: _____ Rate of Pay: _____