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**APPLICANT INFORMATION**

Last Name:	First:	M.I.	Date:
Street Address:		Apt./Unit #	
City:	State:	ZIP:	
Phone:		E-mail Address:	
Date Available:		Desired Salary:	
Position Applied for:		Referred By:	
Have you ever applied to this company? YES <input type="checkbox"/> NO <input type="checkbox"/> Where?			When?
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Are you employed now?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we inquire of your present Employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you 18 years of age or older?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
What was the nature of the offense?			
Do you have a reliable vehicle?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Would you be willing to submit to a drug test? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EDUCATION**

High School/GED:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**REFERENCES** *(Please list three professional references)*

Full Name:	Relationship:
Company:	Phone
Address:	
Full Name:	Relationship:
Company:	Phone
Address:	
Full Name:	Relationship:
Company:	Phone
Address:	

Other Skills / Hobbies / Experience Relevant to Application:

**PREVIOUS EMPLOYMENT**

Company:	Phone
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Address:	Supervisor:
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Job Title:	Hourly Rate/Salary \$	Final Rate/Salary \$	
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Responsibilities:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone
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Address:	Supervisor:
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Job Title:	Hourly Rate/Salary \$	Final Rate/Salary \$	
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Responsibilities:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:	Phone
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Address:	Supervisor:
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Job Title:	Hourly Rate/Salary \$	Final Rate/Salary \$	
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Responsibilities:
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From:	To:	Reason for Leaving:
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**AUTHORIZATION: PLEASE READ CAREFULLY!**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellations of this application and / or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

<b>Signature:</b>	<b>Date:</b>
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**EMERGENCY CONTACT INFORMATION (In case of emergency)**

Name: _____	Relationship: _____
Address: _____	Telephone: _____