



Application for Employment

8 Rockingham Road
Windham, NH 03087
866-444-2823

PLEASE PRINT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Position(s) applied for _____ Date of application ___/___/___

Name _____ LAST FIRST MIDDLE
Address _____ STREET CITY STATE ZIP CODE
Home Telephone # (____) _____ Cell # _____
E-mail Address _____

Date available for work ___/___/___ Type of employment desired [] Full-Time [] P T

Are you able to meet the attendance requirements of the position? [] Yes [] No
Do you have a reliable form of transportation? [] Yes [] No
Are you able to travel out of state and for overnight jobs? [] Yes [] No
Will you work overtime if required? [] Yes [] No

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Employer: _____ Position held: _____
Address: _____ Telephone # _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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END EMPLOYMENT HISTORY HERE UNLESS APPLYING FOR DRIVER POSITION:

STATE LAW REQUIRES DOCUMENTION OF PREVIOUS 10 YEARS OF EMPLOYMENT FOR CDL DRIVERS

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Comments:

Education Information

	School	Dates Attended	Graduated	Degree	Major
High School					
College					
Graduate					
Trade					

Information to Help Us Know You Better

Do you have office furniture installation experience? _____
If so, how many years and where did you obtain the experience? _____

Are you certified in office furniture installation? _____
If so, which manufacturers? _____

Do you have a CDL license? _____
Do you have an up-to-date physical health card? _____

Do you have a valid driver's license? _____
Driver's license number _____ State _____

Are you able to lift 75 lbs or more? _____

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

1. _____
2. _____
3. _____

Additional Information

List any additional information you would like us to consider. _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Cubicle Solutions, Inc, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Cubicle Solutions, Inc, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Cubicle Solutions, Inc does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Cubicle Solutions, Inc reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Cubicle Solutions, Inc is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Cubicle Solutions, Inc President.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

***PLEASE NOTE: EMPLOYMENT IS CONTINGENT BASED UPON PASSING A DRUG TEST.**

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____