



Application for Employment

11 Garabedian Drive, Salem, NH 03087 - 866-444-2823

www.cubicle-solutions.com

1/3

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. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

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

Name _____			
LAST	FIRST	MIDDLE	
Address _____			
STREET	CITY	STATE	ZIP CODE
Primary Home/Cell # _____		E-mailAddress _____	

Date available for work..... ___/___/___ Type of employment desired Full-Time PT
 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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(Cont. next page)

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STATE LAW REQUIRES DOCUMENTATION OF PREVIOUS 10 YEARS OF EMPLOYMENT FOR CDL DRIVERS
 (If you have additional Employment history, please attach a separate sheet)

Education Information (Check highest level completed)

1. Did not complete high school/GED Completed GED/HSED
 3. Graduated from high school
 4. Some college, no degree
 5. One-year technical diploma Two-year technical diploma
 7. Two-year associate degree Bachelor's degree Graduate college degree

Information to Help Us Know You Better

Do you have office furniture installation experience? Yes No If so, how many years ____ and where did you obtain the experience?

Are you certified in office furniture installation? Yes No
 If so, which manufacturers? _____

Do you have a CDL license? Yes No

Do you have an up-to-date physical health card? Yes No

Do you have a valid driver's license? Yes No

Driver's license number _____ State _____

Are you able to lift 75 lbs or more? Yes No

References

THIS SECTION MUST BE COMPLETE: List name and telephone number (address optional) of three business/work references who are *not* related to you and are *not* previous supervisors.

	Name/Telephone/Address	Occupation	Nature of Relationship
1			
2			
3			

Comments/Additional Information that you would like us to consider

(Continue on back if more space is needed)

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** ____ / ____ / ____