



Nashua Soup Kitchen
& Shelter, Inc.

Application for Employment

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

| | | | | |
|--|---------------|---|-------|-----|
| Address | | City | State | Zip |
| Phone Number | Mobile Number | Email Address | | |
| Are you a US citizen or otherwise legally able to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Are you a convicted sex offender who is required to register with the local Police Department? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |

Position

| | | | |
|--|----------------------|--------------------------------------|------------------|
| Position You Are Applying For | Available Start Date | How did you hear about the position? | Desired Pay Rate |
| Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call | | | |

Education and Training

| School Name | Location | Years Attended | Degree Earned | Skills or Training Received |
|-------------|----------|----------------|---------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

Professional References (please do not include friends or family members)

| Name | Title | Company | Phone |
|------|-------|---------|-------|
| | | | |
| | | | |
| | | | |

Employment History

| | | | | |
|--------------|-------------------|---|-------------------|-----------------|
| Employer (1) | Job Title | Dates Employed | | |
| Work Phone | Supervisor's Name | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Pay Rate | Ending Pay Rate |
| Address | City | State | Zip | |



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| | | | | |
|---------------------|-------------------|---|-------------------|-----------------|
| Employer (2) | | Job Title | | Dates Employed |
| Work Phone | Supervisor's Name | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Pay Rate | Ending Pay Rate |
| Address | | City | State | Zip |
| Employer (3) | | Job Title | | Dates Employed |
| Work Phone | Supervisor's Name | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Pay Rate | Ending Pay Rate |
| Address | | City | State | Zip |
| Employer (4) | | Job Title | | Dates Employed |
| Work Phone | Supervisor's Name | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Pay Rate | Ending Pay Rate |
| Address | | City | State | Zip |

Please include an explanation of any gaps in your employment: _____

Signature Disclaimer

I certify that answers given herein are true and complete. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation nor by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

| | |
|---------------------|-----------|
| Name (Please Print) | Signature |
| Date | |