



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
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Phone Number	Mobile Number	Email Address
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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"/>
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Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment of felony Yes <input type="checkbox"/> No <input type="checkbox"/>
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Position

Position You Are Applying For	Available Start Date	How did you hear about the position?	Desired Pay Rate
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Employment Desired

Full Time Part Time 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	Business Phone (no cell numbers allowed)

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



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Address		City	State	Zip
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	