

BELKNAP TIRE & AUTO REPAIR, LLC

670 Union Avenue, Laconia, NH 03246

Phone (603)-524-4517

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION											
Last Name					First				M.I.	Date	
Street Address									Apartment/Unit #		
City					State				Postal Code		
Phone					E-mail Address:						
Date Available								Desired Salary			
Position Applied for:											
Are you a US Citizen?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in United States				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked Belknap Tire?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have a valid Drivers License			YES <input type="checkbox"/>	NO <input type="checkbox"/>	State issued in						
Are you currently employed?			YES <input type="checkbox"/>	NO <input type="checkbox"/>							
If so, May we contact your employer?											
EDUCATION											
High School					Address						
From		T O		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma				
College/ University					Address						
From		T O		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address						
From		T O		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three professional references.</i>											
Full Name						Relationship					
Company						Phone		()			
Address											
Full Name						Relationship					
Company						Phone		()			
Address											
Full Name						Relationship					
Company						Phone		()			
Address											

Start with your most recent employer. Include any job-related military service assignments

PREVIOUS EMPLOYMENT

Company					Phone	()	
Address					Supervisor		
Job Title		Starting Salary	\$		Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title		Starting Salary	\$		Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title		Starting Salary	\$		Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
DISCLAIMER AND SIGNATURE							
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application shall be considered active for 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>							
Signature					Date		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER