

# WHITE MOUNTAIN C.C.

## Employment Application

| APPLICANT INFORMATION                                                                                                                                                                                          |  |                |                  |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|------------------|----------------|
| Last Name                                                                                                                                                                                                      |  | First          | M.I.             | Date           |
| Street Address                                                                                                                                                                                                 |  |                | Apartment/Unit # |                |
| City                                                                                                                                                                                                           |  | State          | ZIP              |                |
| Phone                                                                                                                                                                                                          |  | E-mail Address |                  |                |
| Date Available                                                                                                                                                                                                 |  |                |                  | Desired Salary |
| Position Applied for                                                                                                                                                                                           |  |                |                  |                |
| Any times <b>you are not able</b> to work?                                                                                                                                                                     |  |                |                  |                |
| Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/> |  |                |                  |                |
| Have you ever worked for this company?    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                                                                                          |  |                |                  |                |

| EDUCATION   |    |                   |                                                          |        |
|-------------|----|-------------------|----------------------------------------------------------|--------|
| High School |    | Address           |                                                          |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address           |                                                          |        |
| From        | To | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address           |                                                          |        |
| From        | To | 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                                           |              |

| 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"/> |                 |                    |                  |
| 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"/> |                 |                    |                  |

| MILITARY SERVICE                 |                              |
|----------------------------------|------------------------------|
| Branch                           | From                      To |
| Rank at Discharge                | Type of Discharge            |
| If other than honorable, explain |                              |

| DISCLAIMER AND SIGNATURE                                                                                                                            |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I certify that my answers are true and complete to the best of my knowledge.                                                                        |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature                                                                                                                                           | Date |