CEDARDALE, INC. 931 Boston Road Haverhill, Massachusetts 01835 (978) 373-1596

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL (Please		e Print)		Date			
Name		First		Middle			
Address	Street	City		State			
Home Phone:		Cell Phone:			·		
Email:			Are you over 18	years of age?	Yes No		
Are you legally eligible for permane	ent employment in the United S	tates?	(If hired	, verification will be	required by law).		
Position(s) applied for					Part Time		
If part time, check days/hours avai	lable: Monto _	;	to	;	to;		
☐ Thurs. ☐ to ☐ AM ☐ PM;							
Date you are available to start wor				_	_		
Date you are available to start wor	N	Salary or wages t	Jesπeα. ψ		ully — Weekly		
Have you worked for us before?	If YES, when?						
Indicate certifications or special sk	ills (i.e., OFH, Filst Ald—Illolade	е ехрпаноп нацез, р					
EDUCATION NAME &	LOCATION OF SCHOOL	COURSE	OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?		
ELEMENTARY				COMIT ELTED	CHADOATE:		
HIGH SCHOOL							
COLLEGE		MAJOR					
OTHER		DEGREE					
Office							
Are you employed at the present ti	me? Yes No	If so, may v	we inquire of your pr	esent employer?	☐ Yes ☐ No		
GENERAL (Subjects of Spec	cial Study or Research Work)						
U.S. Military or Naval Service	R	ank	Present Memb National Guard				

PRIOR EMPLOYME	.IN I (Start wi	th most recent employer,						
EMPLOYER:			PHONE:	FROM:		TO:		
ADDRESS:	DDRESS: CITY, STATE, ZIP			POSITION:	POSITION:			
DUTIES:				SUPERVISO	DR'S NAME	i:		
				STARTING S	SALARY/W	AGES:		
				FINAL SALA	ARY/WAGES	S:		
EMPLOYER:			PHONE:	FROM:		TO:		
			()			10.		
ADDRESS:		CITY, STATE, ZIP		POSITION:				
DUTIES:				SUPERVISO	R'S NAME	:		
				STARTING	STARTING SALARY/WAGES:			
				FINAL SALA	RY/WAGES	S:		
EMPLOYER:			PHONE:	FROM:		TO:		
ADDRESS:		CITY, STATE, ZIP	()	POSITION:				
DUTIES:				SUPERVISO	D'S NAME	:-		
DOTIES.								
				STARTING S	SALARY/W/	AGES:		
			FINAL SALA	FINAL SALARY/WAGES:				
PHYSICAL RECOR Do you have any physical li	mitations that pre				lered?	Yes	□ No	
Please describe:								
In case of								
emergency notify:		Name	Address		Pho	ne No.		
"I certify that the facts contained in shall be grounds for dismissal. I authorize investigation of all a pertinent information they may hav I understand and agree that, if without any prior notice."	statements contained re, personal or otherw	herein and the references liste ise, and release all parties fron	ed above to give you any a n all liability for any damag	nd all information concernin e that may result from furnis	ng my previ shing same	ous employme to you.	ent and any	
Date	Signature							
			BELOW THIS LINE					
SUMMARY OF INTERV	IEW:							
Accepted for employment:	_	_						
Starting Rate \$	per 🔲	Hour \square Week		Scheduled to start w	ork:			
Interviewed by:					oate:			
Approved by:				D)ate:			