

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



LAKES REGION MUTUAL FIRE AID Employment Application Form

Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

Telephone: _____

Cell: _____

E-Mail : _____

Position Applied for: (1) _____ And Salary Desired: _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired Full-Time Only Part-Time Only Full- or Part Time

When available for work? _____

Type of School	Name of School	Location (Complete mailing address)	Number of years completed.	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

No

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation. _____

DO YOU HAVE A VALID DRIVER'S LICENSE?

No

Yes

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Work Experience Please list your work experience for the past four years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Lakes Region Mutual Fire Aid (hereinafter called "LRMFA"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other LRMFA practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of LRMFA, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief Coordinator of LRMFA. Both the undersigned and LRMFA may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give LRMFA permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release LRMFA from any liability as a result of such contract.

I further understand that my employment with LRMFA shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with LRMFA is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Lakes Region Mutual Fire Aid is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with LRMFA depends solely on your qualifications.

Thank you for completing this application form and for your interest in Lakes Region Mutual Fire Aid.

<p>RETURN COMPLETED APPLICATION TO: Lakes Region Mutual Fire Aid 62 Communications Drive Laconia, New Hampshire 03246 Or e-mail to: jbeland@lrmfa.org</p>
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