

Laconia School Food Service Department

39 Harvard Street, Laconia, NH 03246 524-3543



Employment Application

Personal Information:

Name (Last, First, Initial) Telephone _____

Address City ST ZIP

_____-_____-_____
Social Security Number E-mail address @ _____ Position Applying For

How many hours a week are you looking to work? _____

What hours are you available to work? _____ to _____

Would you consider working for us as an on-call substitute? yes no

If you are applying for an advertised position, how did you hear of this opening? _____

Emergency contact name, relationship and phone: _____

Have you ever worked for the Laconia School Food Service Department or for the Laconia Schools in the past? _____

If so, please list date(s) and position(s) _____

Employment History - Please list most current employer first

1	Position	Employer and phone number	Dates
	Rate of Pay (starting and ending)	Supervisor	Reason for leaving

2	Position	Employer and phone number	Dates
	Rate of Pay (starting and ending)	Supervisor	Reason for leaving

3	Position	Employer and phone number	Dates
	Rate of Pay (starting and ending)	Supervisor	Reason for leaving

4	Position	Employer and phone number	Dates
	Rate of Pay (starting and ending)	Supervisor	Reason for leaving

Education

High School	Graduated?	Dates attended

College or Technical School	Degree	Dates attended

Other Schooling	Graduated?	Dates attended

Personal References

Name	Occupation	Phone Number

Please list any other specific foodservice skills you may have: _____

Please list any other information you would like us to consider when reviewing your application: _____

I hereby certify that I have never been convicted of a criminal offense, Further, I certify that I have never been convicted for any offense involving sexual misconduct.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I acknowledge and understand that the Superintendent of Schools and the School Board will be relying on the information contained in this application, and that the information is complete and accurate.

I authorize the Laconia School District and its administrators to fully investigate all statements contained herein.

I understand that if offered employment I will have to complete a criminal background and fingerprint check.

I further understand that if employed, any falsified statements or any material half-truths, misstatements, or omissions on this application shall be considered sufficient case for immediate dismissal from employment with the school district.

I authorize the Laconia School District to fully investigate all statements contained herein. Further, I authorize all references listed and all previous employers to give the Laconia School district any pertinent information they may have, personal or otherwise, relative to me and/or my prior employment. I hereby release all parties from any and all liability for damages I may claim to suffer as a result of their furnishing such information to the district's representative(s).

Signature of Applicant

Date