

# APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY AND PRINT

**SKAFF CRYOGENICS, INC.**  
**48 Pine Road, Brentwood NH 03833**  
**603.775.0350 Fx: 603.775.0351**

Applicants are considered without regard to race, color, religion, age, sex, national origin, veteran status, disability, or any other legally protected states. The company will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

DATE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
 NUMBER STREET CITY STATE ZIP CODE

AGE OVER 18 If you are 18 or under give birth date: \_\_\_\_\_  
 UNDER 18 MONTH DAY YEAR

Have you ever been employed here before? Yes No When? \_\_\_\_\_

Are you a U.S. citizen or legally authorized to WORK in this country? Yes No

Position applying for? \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION OF SCHOOL	COURSE	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL						
COLLEGE						
TRADE OR						
OTHER						
SCHOOL						

U.S. Military Service? Yes No Branch of Service \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Service schools or job-related experience: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY? Yes No (Convictions will not necessarily disqualify applicant from employment)

PLEASE EXPLAIN (Include date(s) and place(s) of conviction(s), and the nature of the offense): \_\_\_\_\_

## PERSONAL REFERENCES (Do not list relatives)

NAME	ADDRESS	YEARS KNOWN	PHONE

SKAFF CRYOGENICS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

**RECORD OF PREVIOUS EMPLOYMENT**

**EMPLOYMENT**

**DESCRIBE WORK YOU DID**

(INCLUDE RESPONSIBILITIES, SUPERVISORY DUTIES, ETC.)

1. PRESENT OR MOST RECENT EMPLOYER		DATE	JOB TITLE:
NAME		MONTH & YEAR	DESCRIPTION:
ADDRESS		FROM	
CITY & STATE		TO	TELEPHONE:
NAME OF SUPERVISOR		RATE OF PAY	
REASON FOR LEAVING			
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. NEXT PREVIOUS EMPLOYER		DATE	JOB TITLE:
NAME		MONTH & YEAR	DESCRIPTION:
ADDRESS		FROM	
CITY & STATE		TO	TELEPHONE:
NAME OF SUPERVISOR		RATE OF PAY	
REASON FOR LEAVING			
3. NEXT PREVIOUS EMPLOYER		DATE	JOB TITLE:
NAME		MONTH & YEAR	DESCRIPTION:
ADDRESS		FROM	
CITY & STATE		TO	TELEPHONE:
NAME OF SUPERVISOR		RATE OF PAY	
REASON FOR LEAVING			

Why are you interested in employment with this company? \_\_\_\_\_

What do you consider to be your greatest qualifications? \_\_\_\_\_

Please list any further information, which may be helpful in considering your application such as significant work accomplishments, special training, specific interests, etc. \_\_\_\_\_

**PRE-EMPLOYMENT STATEMENT**

I Certify that all answers and statements contained in this application are both true and complete, and I understand that false, misleading or omitted information may result in rejection for employment or be grounds for dismissal.

I understand that the company may investigate statements contained in my application, and this may include interviews with references and past employers listed. I consent to this investigation and consideration of any statements from references or former employers given in response, and I release all persons, companies or corporations supplying such information from liability and responsibility and any obligation to provide me with notice of such disclosures.

I further understand that by law all individuals hired must, as a condition of employment, produce certain documentation to verify identity and United States citizen status or legal authorization to work in the United States; and I understand that any offer of employment to me is contingent upon my ability to produce the required documentation.

I agree that if I am employed I will abide by all rules and regulations of the company, including those relating to health and safety that are in force or may be put in force later and that my failure to comply, will be grounds for discharge.

I understand that any employment relationship with the company is for no fixed period and is terminable either by me or the company at any time and for any reason not in violation of the law, and no representative of the company other than the president of the company or its chairman, has authority to enter into any agreement contrary to the foregoing, provided such agreement is in writing and directed to me personally. I further understand that statements contained in company policies, handbooks or other materials do not create any guarantee of employment and that the company may from time to time modify or terminate existing policies, practices, benefits, plans, or other programs within the limits and requirements imposed by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please complete and fax to: 603.775.0351, or mail to address on first page; Attn: SFP