



HELPING HANDS CHORE SERVICE

SERVING WINSTED, COLEBROOK, NEW HARTFORD and, BARKHAMSTED

APPLICATION FOR EMPLOYMENT

Helping Hands Chore Service, Inc. is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, sex, age, disability or other legally protected status.

Return To: Helping Hands Chore Service, Inc.
PO Box 888
Winsted, CT 06098

INSTRUCTIONS FOR COMPLETING APPLICATION

This application constitutes a part of the examination process. It must be completed in full even if resumes or other supporting materials are attached. Please answer all questions fully and accurately. Applications may be rejected or receive less consideration because answers are incomplete, vague or elusive. Your statements may be brief but do not omit important information which may have relevance to the position.

POSITION APPLYING FOR: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (Town/City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Are you either a U.S. Citizen or an alien authorized to work in the United States? YES _____ NO _____
(Must provide documentation if hired)

Are you 18 years of age or older? YES _____ NO _____

Have you ever filed an application with us before? YES _____ NO _____ If YES, when? _____

EDUCATION

LEVEL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School			1 2 3 4		
College			1 2 3 4		
Other			1 2 3 4		

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To _____ / _____ Salary: _____ / _____
Month Year Month Year From To

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To _____ / _____ Salary: _____ / _____
Month Year Month Year From To

Duties & Responsibilities: _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Address: _____

Name & Title of Supervisor: _____

Your Job Title: _____ Employed: Full Time _____ Part Time _____

Employed From: _____ / _____ To _____ / _____ Salary: _____ / _____
Month Year Month Year From To

Duties & Responsibilities: _____

Reason for Leaving: _____

Have you ever been fired or asked to resign from a job? YES _____ NO _____. If YES, please explain:

May we contact your present employer? YES _____ NO _____

