# Town Seal**APPLICATION TOWN OF**

## FOR EMPLOYMENT CONWAY, NH

(PLEASE PRINT) Updated: September 14, 2015

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: ٱ Advertisement \_\_\_\_\_\_\_\_\_\_\_\_\_

ٱ Employment Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ٱ Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ٱ Relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ٱ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER STREET CITY STATE ZIP CODE

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:

Have you filed an application here before? ٱ Yes ٱ No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are you a citizen of the United States? ٱ Yes ٱ No

If not, are you available to work in the United States? ٱ Yes ٱ No

Are you available to work? ٱ Full-Time ٱ Part-Time ٱ Shift Work

Are you on lay-off and subject to recall? ٱ Yes ٱ No

Do any of your relatives work for the Town? ٱ Yes ٱ No

If yes, list name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What foreign languages do you speak, read and/or write? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give name, address and phone numbers of three references not related to you.

|  |  |  |
| --- | --- | --- |
| **NAME** | **ADDRESS** | **PHONE NUMBER** |
|  |  |  |
|  |  |  |
|  |  |  |

List certifications, skills and qualifications acquired from employment or other experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List professional, trade, business or civic activities and offices held:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ELEMENTARY** | | | | | | **HIGH** | | | | **COLLEGE/UNIVERSITY** | | | | **GRADUATE/ PROFESSIONAL** | | | |
| School Name |  | | | | | |  | | | |  | | | |  | | | |
| Years Completed: (Circle) | 4 | 5 | 6 | 7 | 8 | | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Describe Course of Study: |  | | | | | |  | | | |  | | | |  | | | |
| Diploma/Degree |  | | | |  | | | |  | | | |
| Describe Specialized Training, Apprenticeship, Skills, Extra-Curricular Activities and Honors Received: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Employment Experience**

List each job held, starting with your most recent. Include military service assignments and volunteer activities. If attaching a resume, you are still required to answer the questions below that are not listed on your resume.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | Employer | Dates | | Work Performed |
|  | From | To |
|  | Address |  |  |  |
|  | Job Title | Hourly Rate/Salary | |
|  | Starting | Final |
|  | Supervisor |  |  |
|  | Reason For Leaving |
| **2** | Employer | Dates | | Work Performed |
|  | From | To |
|  | Address |  |  |  |
|  | Job Title | Hourly Rate/Salary | |
|  | Starting | Final |
|  | Supervisor |  |  |
|  | Reason For Leaving |
| **3** | Employer | Dates | | Work Performed |
|  | From | To |
|  | Address |  |  |  |
|  | Job Title | Hourly Rate/Salary | |
|  | Starting | Final |
|  | Supervisor |  |  |
|  | Reason For Leaving |
| **4** | Employer | Dates | | Work Performed |
|  | From | To |
|  | Address |  |  |  |
|  | Job Title | Hourly Rate/Salary | |
|  | Starting | Final |
|  | Supervisor |  |  |
|  | Reason For Leaving |

If you need additional space, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you agree to submit to a criminal background check? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIALITY:** I request my name be kept confidential and is only releasable with written approval by me. ٱ Yes ٱ No

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Conway.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**For Personnel Department Use Only**

Arrange Interview ٱ Yes ٱ No

Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer Date

Employed ٱ Yes ٱ No Date of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title Date