



Town of New Hampton, NH

6 Pinnacle Hill Rd., New Hampton, NH 03256

Application for Employment

Employees of the Town and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, disability or any other basis protected by law.

(Please Print or Type)

PERSONAL				
Name:			Date:	
Position applied for:		Department:		
Availability: Full-time__ Part-time__ Seasonal__		Email:		
Street Address:			Cell Phone:	
City:	State:	Zip:	Home Phone:	
Days you are unavailable to work: Sun__ Mon__ Tues__ Wed__ Thurs__ Fri__ Sat__				
How many hours can you work weekly? _____ Can you work nights? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				

EDUCATION				
Type of School	Name of School	Location (City and State)	# of years Completed	Certificate / Degree / Major
High School				
Trade School				
College				
University				

The Town of New Hampton is an Equal Opportunity Employer



EMPLOYMENT HISTORY

*List most recent employer first.

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact your present employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact this employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact this employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact this employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

*List any other employers on a separate sheet and attach

Do you have a resume? Yes No If yes, please attach a copy to your application.



BACKGROUND INFORMATION

Have you ever been arrested or convicted of a criminal offense, felony or misdemeanor? Yes No
If yes, please provide (on an attached separate sheet) the nature of the offense(s), date(s), city and state and disposition. Note: An affirmative answer will not necessarily result in disqualification from employment as the circumstances are considered on the individual merits, however failure to answer fully may disqualify you or result in termination.

Have you ever served in the US Armed Forces? Yes No
If yes, what branch? _____ Did you receive an Honorable Discharge? Yes No

Describe any training received which would be relevant to the position for which you are applying:

REFERENCES

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

DRIVING HISTORY

Do you have a VALID driver's license? Yes No
State of Issue _____ Operator Commercial (CDL) Expiration date: _____
What is your means of transportation to work? _____
Have you had any accidents during the past three years? Yes No How many? _____
Have you had any moving violations during the past three years? Yes No How many? _____

SPECIFIC SKILLS RELEVANT TO THE POSITION BEING APPLIED FOR



CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

In exchange for the consideration of my job application by the Town of New Hampton (hereinafter called "the Town"), 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 Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town, or otherwise to change in any respect the employment-at-will relationship between the Town and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chairman of the Board of Selectmen or Town Administrator. Both the undersigned and the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town 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 the Town permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town from any liability as a result of such contract.

I also understand that (1) the town has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of an employment application, the Town may request background reports including information as to my credit records, criminal background, driving history and reputation. Upon written request from me, the Town, will provide me additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of Applicant: _____ **Date:** _____