

#### DEPARTMENT OF PUBLIC WORKS

55 Cherry Valley Road, Gilford, NH 03249 • (603) 527-4778 • FAX (603) 527-4781

#### EMPLOYMENT APPLICATION

POSITION REQUESTED:		DATE:	
I. PERSONAL INFORMATION			
Name:	N. C. 1. 11.	T	
First	Middle	Last	
Legal Address:			
Home Phone:	Cell Phor	ne:	
Email Address:			
WAGE REQUESTED:			
Are you available for overtime, if asked?	Yes	No	
Are you available for full-time employment?	Yes	No	
Are you legally eligible for employment?	Yes	No	
Have you ever failed a DRUG / ALCOHOL to	est? Yes	_ No	
If YES, please explain:			
When would you be available to begin work?			
How did you learn of our organization?			

#### **II. EDUCATIONAL INFORMATION**

High School:	
Address:	
Did you graduate? Yes No	Year Attended:
Degree or Diploma:	
Technical College:	
Address:	
Course of study:	
Did you graduate? Yes No	Year Attended:
Degree or Diploma:	
College:	
Address:	
Course of study:	
Did you graduate? Yes No	Year Attended:
Degree or Diploma:	
Other College:	
Address:	
Course of study:	
Did you graduate? Yes No	Year Attended:
Degree or Diploma:	

#### **III. MILITARY SERVICE**

Branch of service:		
Period of active duty	: From:	To:
Rank at discharge:		
Date of discharge:		
Describe your duties	and any special training	:
IV. EMPLOYM	ENT HISTORY	(List in order of Most Recent First)
1. Company Name:		
Address:		
Telephone Number:		FAX #:
Employment dates:	From	To:
Weekly wages:	Start	Last:
Supervisor's Name:_		

2. Company Name:			
Address:			
Telephone Number:		FAX #:	
Employment dates:	From	To:	
Weekly wages:	Start	Last:	
Supervisor's Name:_			
Job title:			
Describe work:			
Reason for leaving:			
3. Company Name:			
Address:			
Telephone Number:		FAX #:	
Employment dates:	From	To:	
Weekly wages:	Start	Last:	
Supervisor's Name:_			
Job title:			
Describe work:			
Reason for leaving:			

4. Company Name:			
Address:			
Telephone Number:		FAX #:	
Employment dates:	From	To:	
Weekly wages:	Start	Last:	
Supervisor's Name:_			
Describe work:			
Reason for leaving: _			
5. Company Name:_			
Address:			
Telephone Number:		FAX #:	
Employment dates:	From	To:	
Weekly wages:	Start	Last:	
Supervisor's Name:_			
Job title:			
Reason for leaving: _			

Please indicate, t	by number, any of the above of	employer's you wish us NOT to contact:	
No.:	reason:		
No.:	reason:		
No.:	reason:		
V. ADDITIO	NAL INFORMATION	<u>I</u>	
Below, list any o you are applying	•	y feel would help qualify you for the job for which	1
VI. DISCLA	IMER AND SIGNATU	<u>RE</u>	
correct and comp	olete to the best of my knowle	me in this Application for Employment is true, edge. I understand that if employed, any cation shall be considered cause for dismissal.	
personal intervie include informat living. I understa	w with my neighbors, friends ion as to my character, genera and I have the right to make v	ive report containing information obtained through s and acquaintances. This report, if obtained, may al reputation, personal characteristics and mode of written request within a reasonable period of time t the nature and scope of any such investigation.	
Signature of App	olicant		

#### VII. REFERENCES

Please list three professional references:

1.	Full name:
	Company:
	Address:
	Phone number:
2.	Full name:
	Company:
	Address:
	Phone number:
2	
3.	Full name:
	Company:
	Address:
	Phone number:
Please	list three personal references:
	Full name:
1.	
	Relationship:  Phone number:
2.	Full name:
	Relationship:
	Phone number:
3.	Full name:
	Relationship:
	Phone number: