

TOWN OF SALEM, NEW HAMPSHIRE

33 Geremonty
Salem, NH 03079

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)

Date:		Email Address:	
PERSONAL			
Position applied for:		Department:	
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			
Full Name:		Cell Phone: () -	
Street Address:		Home Phone: () -	
City:	State:	Zip:	
Have you ever been employed with us before?			
Title of Position held:		Termination Date:	
Reasons for leaving:			
List any of your relatives who currently work for the Town of Salem			
Name	Department	Relationship	
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally authorized to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION				
Did you receive a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
X mark highest grade completed College: 1 2 3 4 5 6				
	School (name, city, state)	Graduate?	Degree	Major/Minor
High School				
Undergraduate College/University				
Graduate/Professional College/University				
Other Education: ie: Technical, Business				

EMPLOYMENT HISTORY

(List most recent employer first. Please account for any gaps in employment record)

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

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities:	
Supervisor's name:	Phone No: () -
Reason for leaving:	

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No

If yes, what branch?

Training/MOS:

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

SPECIFIC SKILLS

List technical / professional licenses or certifications you hold:

List office machines, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

DRIVING HISTORY (Use additional sheets as necessary)

List **ALL** presently unexpired motor vehicle operator's licenses you hold:

License #:	Issuing State:	Expires: / /	Type:
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License #:	Issuing State:	Expires: / /	Type:
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Provide complete motor vehicle accident record for past 3 years

Dates	Nature of Accident (Head-on, Rear-end, etc.)
Last Accident:	
Next previous:	
Next Previous:	

Indicate ALL traffic convictions during the past 7 years(other than parking violations):

Location	Date	Description

Indicate dates of **ALL** license suspensions or forfeitures during the past 7 years

Date	Type (Circle one)

CRIMINAL HISTORY

Have you ever been convicted of a crime that has not been annulled by a court?

No Yes

If yes, explain fully (Conviction will not automatically disqualify you from employment).

When:

Where:

Case Disposition:

REFERENCES

List three (3) **PROFESSIONAL** references:

Name & Occupation	Address	Phone	Relationship

MISCELLANEOUS ADDITIONAL INFORMATION

Have you ever applied for a position with us before? Yes No

If Yes, give date and the position:

How did you hear about this position?

Use this space for any further information you think would help us evaluate your application

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY that all entries on this application for employment and attachments are true and complete, and I agree and understand that any falsification of information herein, material half-truths, material misstatements or omissions regardless of their time of discovery may cause forfeiture on my part of any employment with the Town of Salem. I understand that, in compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. I understand that all information on this application is subject to verification and I consent to references, former employers and educational institutions listed being contacted regarding this application. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Town to hire me. If I am hired, I understand that either the Town or I can terminate my employment at any time and for any reason with or without cause and without prior notice. I understand that no representative of the Town has the authority to make any assurance to the contrary.

I AUTHORIZE the Town of Salem to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, credit, disciplinary, conviction records (both juvenile and adult) and driving. Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documents supplied by me, if any) to provide the Town of Salem any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Salem’s use only.

I RELEASE any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may, at any time happen to me as a result of compliance, or any attempts to comply with this authorization.

(Applicant’s Signature)

(Date)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Agreement and Certification.