TOWN OF WEARE, NH APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

	PLE	ASE PRINT				
Position(s) Applied For			Date of Application			
How Did You Learn About Us?						
Advertisement	Friend	Walk-	In			
Employment Agency	Relative	Other				
Last Name	First Name		Middle Name			
Address	City		State	Zip Code		
Telephone Number(s)			Social Securit	ty Number		
-If you are under 18 years of age, configuration of your eligibility to work?	an you provide re	quired proof		Yes	No	
-Have you ever filed an application with us before?				Yes	No	
		If yes a	give date			
-Have you ever been employed with us before?		Yes	No			
		If yes a	give date			
-Are you currently employed?				Yes	No	
-May we contact your present employer?				Yes	No	
-Are you prevented from lawfully b because of Visa or Immigration St		d in this country		Yes	No	
Proof of citizenship or immigration	ı status will be req	quired upon emp	ployment			
- On what date would you be availa	able to work?					
- Are you available to work:	Full Time	Part Time	_Shift Work _	Temporary		
- Are you currently on "lay-off" status and subject to recall?			Yes	No		
- Can you travel if a job requires it?			Yes	No		
- Have you been convicted of a felony within the last 7 years?			Yes	No		
Conviction will not necessarily disq	qualify an applica	nt from employn	nent - If yes, ple	ease explain		

Education				
	Name and Address of School	Course of Study	Years Completed	Diplom Degree
Elementary School				
High School				
Undergraduate College				
Graduates Professional				
Other (Specify)				
	Indicate any foreign langua	ges you can speak, read and	/or write	
	Fluent	Good Fa	<u>ir</u>	
Speak				
Read				
Write				
Describe any specia	alized training, apprenticeship, sk	ills and extra-curricular act	ivities.	
Describe any job-re	lated training received in the Uni	ted States Military.		

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1			
Employer	A	ddress	Telephone Number
Dates Employed	Hourly Rate/Salary	Job Title	Name of Supervisor
Work Performed			Reason for Leaving
2		••	
Employer	A	ddress	Telephone Number
Dates Employed	Hourly Rate/Salary	Job Title	Name of Supervisor
Work Performed			Reason for Leaving
3			
Employer	A	ddress	Telephone Number
Dates Employed	Hourly Rate/Salary	Job Title	Name of Supervisor
Work Performed			Reason for Leaving
4			
Employer	A	ddress	Telephone Number
Dates Employed	Hourly Rate/Salary	Job Title	Name of Supervisor
Work Performed			Reason for Leaving
	If you need additional space	, please continue on a se	eparate sheet of paper.
			ities and offices held. n, national origin, age, ancestry, disability
			-
		-	

Applicant's Statement

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of emapplication or interviabile by all rules and	iew(s) may resul	t in discharge				v
Signature of Applicant		_	Date		_	
Amanga Intomiow?	FOR PERSON	NEL DEPAR	TMENT US	E ONLY		

Arrange Interview? _____Yes _____No

Remarks _______

Employed? ____Yes ____No Date of Employment______

Job Title _______Hourly Rate/Salary______

Department ______By______

Name & Title

Date _______