

Town of Candia
74 High Street Candia, NH 03034
603-483-8101 phone 603-483-0252 fax

APPLICATION FOR EMPLOYMENT

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

(Please print)

Position(s) Applied for:

Date of Application:

How did you learn about the position(s)?
____ Advertisement ____ Friend
____ Walk-In ____ Employment Agency ____ Relative ____ Other _____

Last Name First Name Middle Initial

Address – Number & Street City/Town State Zip Code

Telephone Number(s) Social Security Number (*optional*)

If you are under 18 years of age, can you provide required proof of your eligibility to work? ____ Yes ____ No

Have you ever filed an application with us before? ____ Yes ____ No
If yes, give date: _____

Have you ever been employed with us before? ____ Yes ____ No
If yes, give date: _____

Are you currently employed? ____ Yes ____ No

May we contact your present/last employer? ____ Yes ____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of status will be required upon employment.) ____ Yes ____ No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject of recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain: _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other Specify				

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment of other experience:

SPECIALIZED SKILLS

Check skills/equipment operated:

___ Computer ___ Calculator ___ Fax
___ Microsoft Word ___ Microsoft Excel

List Other(s): _____

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

REFERENCES

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

EMPLOYMENT EXPERIENCE

Start with you 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, disabilities, or other protected status.

Employer: _____ Dates Employed
Address: _____ From: _____ To: _____
Phone # _____ Job Title: _____ Hourly Rate/Salary
Supervisor: _____ Start: _____
Reason for Leaving: _____ Final: _____
Work Performed: _____

Employer: _____ Dates Employed
Address: _____ From: _____ To: _____
Phone # _____ Job Title: _____ Hourly Rate/Salary
Supervisor: _____ Start: _____
Reason for Leaving: _____ Final: _____
Work Performed: _____

Employer: _____ Dates Employed
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Employer: _____ Dates Employed
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Work Performed: _____

Employer: _____ Dates Employed
Address: _____ From: _____ To: _____
Phone # _____ Job Title: _____ Hourly Rate/Salary
Supervisor: _____ Start: _____
Reason for Leaving: _____ Final: _____
Work Performed: _____

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

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

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 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 employer.

Signature of Applicant

Date

FOR PERSONNEL USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate _____

Interviewer _____ Date _____

Notes: _____

