

TOWN OF TEMPLE, NEW HAMPSHIRE

OFFICE OF THE SELECTMEN
 P.O. Box 191, Temple, NH. Zip 03082
 Phone: 603-878-2536 FAX: 603-878-5067

EMPLOYMENT APPLICATION

DATE:

LAST NAME:		FIRST NAME:		
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE:		SSN:		
POSITION APPLYING FOR:				
EDUCATION				
EDUCATION LEVEL:			DEGREE:	
	<i>Name & Location of School</i>	<i>Number of years attended</i>	<i>Degree type</i>	<i>Subjects Studied</i>
High School				
College				
Other				
EXPERIENCE				
<i>Date of Employment</i>	<i>Employer Name & Address</i>	<i>Position</i>	<i>Final wage</i>	<i>Reason for leaving</i>
<i>From - To</i>				
<i>From - To</i>				
<i>From - To</i>				
<i>From - To</i>				

MILITARY SERVICE

Branch of Service:	
Discharge Date:	Rank:
Reserve/National Guard membership? Yes No (Check one)	
Date obligation ends:	

1. Over age 18 years? Yes No
2. Able to provide, upon employment, genuine proof of identity and eligibility to be legally employed on an unrestricted basis in the United States? Yes No
3. Are you a licensed driver? (answer only if position requires) Yes No
4. Are you a previous employee of the town? Yes No

If YES, give dates of previous employment:
 From _____ To _____

5. Have you ever been convicted of a felony? Yes No

If YES, give date, place, charge and disposition: _____

6. Do you have relatives currently employed with the town? Yes No

If YES, state name and relationship: _____

SPECIAL SKILLS/LICENSES

Type: _____ License number: _____
 Expiration date: _____

List any other skills you have that will be beneficial in the performance of the position for which you are applying:

REFERENCES

<i>Name</i>	<i>Company name</i>	<i>Address (City/State)</i>	<i>Telephone</i>	<i>Years Known</i>

CERTIFICATION/AUTHORIZATIONS

I certify that the information contained in this application and in any accompanying supplemental materials provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Temple to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. I understand that refusal to grant this authorization will not necessarily void my application. If employed by the Town of Temple I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Temple to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Temple may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in this screening process shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Temple.

Applicant Signature

Date

Resume and/or letters of reference also included.

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, PREGNANCY, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL, VETERAN OR ANY OTHER LEGALLY PROTECTED STATUS.