



TOWN OF SALEM, NEW HAMPSHIRE

33 Geremonty Drive
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, or disability.

(Please Print or Type)

NOTE: If you will require special accommodation in order to apply for this position, please notify the Human Resource Department prior to the deadline for submitting applications for this position.

			Date:
PERSONAL			
Position applied for:		Dept:	
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			
Full Name:		Social Security #: - -	
Street Address:		Home Phone: () -	
City:	State:	Zip:	Work Phone: () -
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 a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, can you provide proof that you are eligible to work in United States, in accordance with the Immigration Reform and Control Act? <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					
Circle highest grade completed 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6					
	School (name, city, state)	Cert.	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		Salary or Rate of Pay: Starting: _____ per Ending: _____ per	
Responsibilities:			
Supervisor's name:		Phone No: () -	
Reason for leaving:			

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		Salary or Rate of Pay: Starting: _____ per Ending: _____ per	
Responsibilities:			
Supervisor's name:		Phone No: () -	
Reason for leaving:			

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		Salary or Rate of Pay: Starting: _____ per Ending: _____ per	
Responsibilities:			
Supervisor's name:		Phone No: () -	
Reason for leaving:			

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		Salary or Rate of Pay: Starting: _____ per Ending: _____ per	
Responsibilities:			
Supervisor's name:		Phone No: () -	
Reason for leaving:			

MILITARY	
Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what branch?	
Type of Discharge:	Rank at Discharge:
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:
License #:	Issuing State:	Expires: / / Type:
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 arrested for or convicted of a crime that has not been annulled by a court? No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, explain fully (Conviction will not automatically disqualify you from employment).

REFERENCES

List three (3) personal references who are not former employers or related to you:

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 all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this applications.

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, disciplinary, arrest and conviction records (both juvenile and adult). 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 release 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)