



TOWN OF RINDGE

30 PAYSON HILL ROAD, RINDGE, NEW HAMPSHIRE 03461

TEL (603)-899 5181 • FAX (603)-899-2101

WWW.RINDGENH.ORG

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

PERSONAL INFORMATION:

Date of Application: _____

Name: _____
First Middle Initial Last

Current Address: _____
Street City State Zip Code

Mailing Address: _____
Street/PO Box City State Zip Code

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Preferred Method of Contact: _____ Preferred Hours to Contact: _____

GENERAL INFORMATION:

Position Applying For: _____

Date Available to Start: _____ Desired Salary/Wage Range: _____

Applying to Work: Full Time _____ Please indicate shift choice: 1st _____ 2nd _____ 3rd _____
Part Time _____ Please indicate time preference: Morning _____ Afternoon _____ Evening _____
Temporary _____ If temporary please indicate dates available: _____ to _____

Please indicate any additional scheduling restrictions: _____

How did you learn about the position that you are applying for?

Advertisement ☐ Relative or Friend ☐ Inquiry ☐ Town Employee ☐ Social Media ☐ Other _____

Are any of your friends or relatives employed by the Town of Rindge? Yes _____ No _____

If yes please state their name, relationship to you, and the position that they are employed in:

Name	Relationship	Position
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Are you under 18 years of age? Yes _____ No _____

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



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GENERAL INFORMATION cont.

Are you a US citizen? Yes ____ No ____ If not, are you legally eligible to work in the US? Yes ____ No ____

➤ *Disclaimer: Proof of citizenship or immigration status will be required upon employment*

Have you ever filed an application with the Town of Rindge before? Yes ____ No ____

If yes, indicate the date you filed an application with the Town of Rindge: _____

Have you ever been employed by the Town of Rindge before? Yes ____ No ____

If yes, indicate the dates you were employed by the Town of Rindge: _____ to _____

Please provide the reason for leaving employment with the Town of Rindge (if applicable): _____

Are you currently employed with the Town of Rindge? Yes ____ No ____

If currently employed by the Town of Rindge please explain why you are applying to change positions or status:

Are you currently employed elsewhere? Yes ____ No ____ May we contact your present employer? Yes ____ No ____

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

Can you travel if the job requires it? Yes ____ No ____

NOTE TO APPLICANTS: *Do not answer the following question unless you have been informed of the requirements of the job for which you are applying*

The Town of Rindge supports the Americans with Disabilities Act. Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation? Yes ____ No ____

MOTOR VEHICLE HISTORY AND DRIVER'S LICENSES:

If the position you are hired for requires driving of a Town vehicle, you must produce an appropriate, valid driver's license. Your driving record will be reviewed if your position requires driving a Town vehicle. Your driving record must be within the standards set by the Town's insurance company and the Town in order for you to be permitted to operate a Town vehicle.

Do you have a valid driver's license? Yes ____ No ____ If yes, in what state? _____

Do you have a valid Commercial Driver's License? Yes ____ No ____ If yes, in what state? _____

If yes, what type of Commercial Driver's License do you have? _____



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EDUCATION AND TRAINING:

High School:

Name of School: _____

Address of School: _____
Street Address City/Town State Zip

Do you have a high school diploma or equivalent? Yes ____ No ____

If you do not have a high school diploma or equivalent how many years of high school did you complete? _____

Undergraduate College:

Name of School: _____

Address of School: _____
Street Address City/Town State Zip

Course/Major of Study: _____ Number of Years Completed: _____

Degree(s) Received (if applicable): _____

Graduate/Professional:

Name of School: _____

Address of School: _____
Street Address City/Town State Zip

Course/Major of Study: _____ Number of Years Completed: _____

Degree(s) Received (if applicable): _____

Trade, Technical, or Other Education:

Name of School: _____

Address of School: _____
Street Address City/Town State Zip

Course/Major of Study: _____ Number of Years Completed: _____

Degree(s) Received (if applicable): _____

Please list any special qualifications: (professional licenses or certifications, typing or computer skills, trainings, etc.)



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WORK EXPERIENCE:

Begin with your present or most current employment. If more space is needed, please complete and attach a separate page. Be sure to include all requested information as it relates to the job for which you are applying. Resumes may be supplemental. A Town of Rindge Application must be completed for any position applied for.

Current/Most Recent Employer: _____

Address: _____
Street City State Zip Code

Job Title: _____ Employed From: _____ To: _____

Responsibilities: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Phone: _____

Reason for Leaving: _____

Supervisor Name and Title: _____

May we contact your previous supervisor for a reference? Yes ____ No ____

Previous Employer: _____

Address: _____
Street City State Zip Code

Job Title: _____ Employed From: _____ To: _____

Responsibilities: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Phone: _____

Reason for Leaving: _____

Supervisor Name and Title: _____

May we contact your previous supervisor for a reference? Yes ____ No ____

Previous Employer: _____

Address: _____
Street City State Zip Code

Job Title: _____ Employed From: _____ To: _____

Responsibilities: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Phone: _____

Reason for Leaving: _____

Supervisor Name and Title: _____

May we contact your previous supervisor for a reference? Yes ____ No ____



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REFERENCES: Please list three professional references

Full Name: _____ Phone: _____
First Last

Email Address: _____

Company: _____ Relationship: _____

Address: _____
Street City State Zip Code

Full Name: _____ Phone: _____
First Last

Email Address: _____

Company: _____ Relationship: _____

Address: _____
Street City State Zip Code

Full Name: _____ Phone: _____
First Last

Email Address: _____

Company: _____ Relationship: _____

Address: _____
Street City State Zip Code

APPLICANTS STATEMENT

I certify that the answers given herein are true and complete.

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 the 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: _____