***Town of Rindge***



***30 Payson Hill Road***

***Rindge, NH 03461***

***APPLICATION FOR EMPLOYMENT***

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.

*(PLEASE PRINT)*

|  |  |  |
| --- | --- | --- |
| Position(s) Applied For | | Date of Application |
| How Did You Learn About Us?  \_\_\_\_ Advertisement \_\_\_\_ Friend \_\_\_\_\_ Inquiry \_\_\_\_\_Employment Agency \_\_\_\_\_Relative \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Last Name First Name Middle Name | | |
| Address Number Street City State Zip Code | | |
| *Telephone Number(s) (preferred #)*  *(h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Social Security Number (*voluntary*) | |

Best time to be contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pm

If you are under 18 years of age can you provide required proof of your eligibility to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever filed an application with the Town of Rindge before? If Yes, date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed with us before? If Yes, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of your friends or relatives, work for the Town of Rindge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes, state name, relationship and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your present employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Have you ever been convicted of a felony? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date available for work \_\_\_\_\_\_\_\_\_\_\_\_ What is your desired salary range? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to work: \_\_\_\_\_\_ Full Time (Please indicate 1 2 3 shift)

\_\_\_\_\_\_ Part Time (Please indicate Mornings Afternoon Evenings)

\_\_\_\_\_\_ Temporary (Please indicate dates available \_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_)

Are you currently on “lay-off” status and subject to recall? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can you travel if a job requires it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Name and Address of School | Course of Study | Number of Years Completed | Diploma/Deg  ree |
| High School |  |  |  |  |
| Undergraduate College |  |  |  |  |
| Graduate/Professional |  |  |  |  |
| Other (Specify) |  |  |  |  |

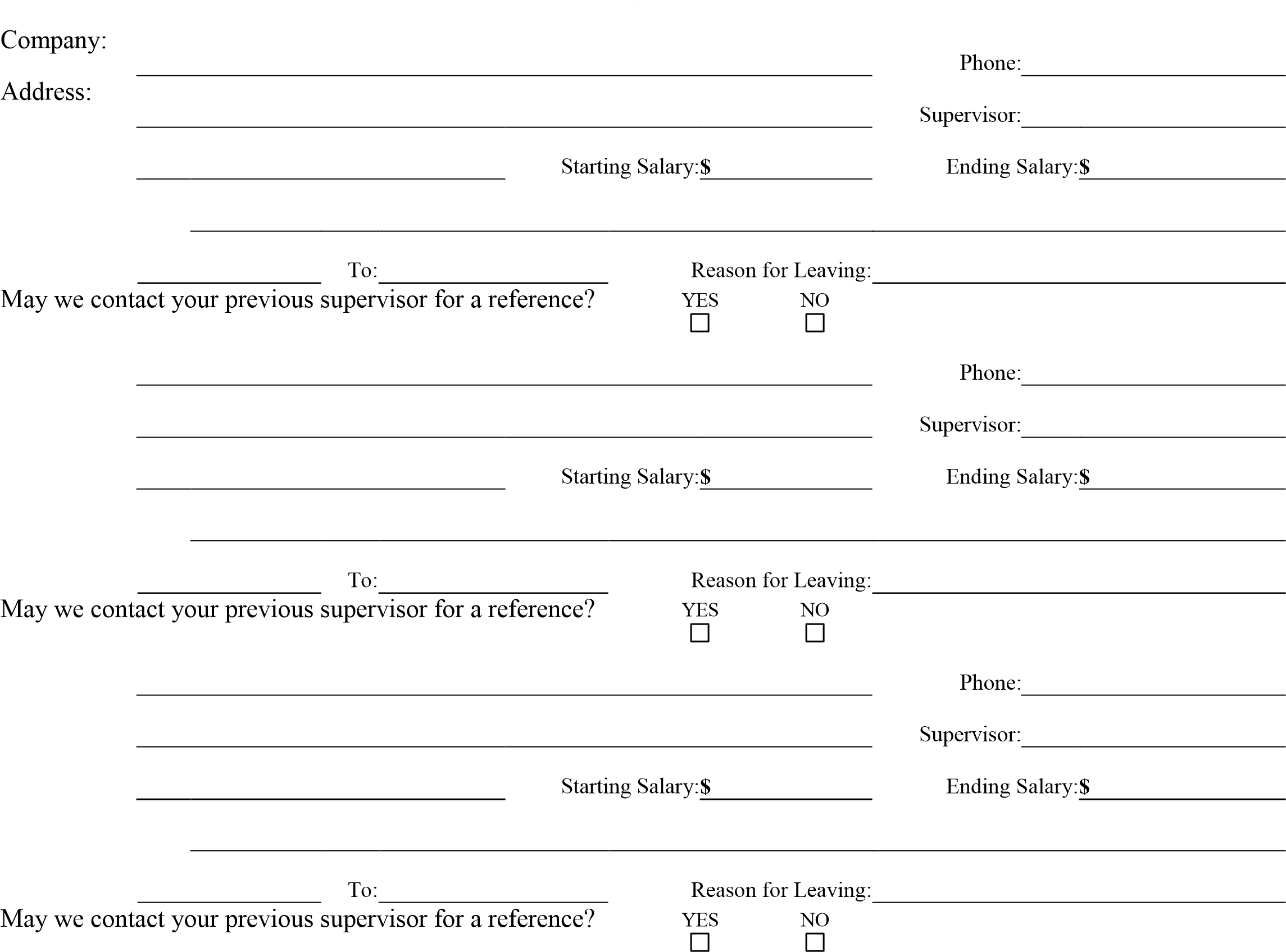
ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note To Applicants: Do Not Answer This Question Unless You Have Been Informed About The Requirements Of The Job For Which You Are Applying.***

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? \_\_\_\_\_ YES \_\_\_\_\_NO

Job Title:

Responsibilities:

From:

Company:

Address:

Job Title:

Responsibilities:

From:

Company:

Address:

Job Title:

Responsibilities:

From:

**References**

*Please list three professional references.*

Full Name:

Relationship:

Company:

Phone:

Address:

Full Name:

Relationship:

Company:

Phone:

Address:

Full Name:

Relationship:

Company:

Phone:

Address:

# APPLICANTS STATEMENT

I certify that 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 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 |