



# Town of Antrim

66 Main Street PO Box 517

Antrim, NH 03440

Tel: 603.588.6785 Fax: 603.588.2969

[www.antrimnh.org](http://www.antrimnh.org)

## APPLICATION FOR EMPLOYMENT

Kindly complete this application and return it to the Town of Antrim at the above address. An incomplete application will eliminate your candidacy. We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, age, sex, color, pregnancy, religion, sexual orientation, marital status, physical or mental disability, national origin, ancestry, veteran status or any other basis protected by law.

(PLEASE PRINT CLEARLY)

### PERSONAL:

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
Street City State ZIP

Daytime Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Position Applied For: \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Explain below)

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

Are you 18 years or older? Yes  No

Are you a citizen of the United States?? Yes  No

Are you authorized to work in the United States? Yes  No

Can you perform the essential functions of the job with or without reasonable accommodation? Yes  No

Were you previously employed by the Town? Yes  No

If yes, when? \_\_\_\_\_

Are you employed now? Yes  No

If so, may we contact your employer? Yes  No

Are you currently on layoff or leave from another employer? Yes  No

Have you ever been convicted of a crime (including driving while impaired or its equivalent, but excluding minor motor vehicle offenses) that has not been annulled by a court of law? Yes  No

If yes, explain:

Please note that conviction of a crime is not automatically a bar to employment, and factors such as nature, seriousness, and date of the offense, rehabilitation, and relationship to position will be considered.

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**EDUCATION:**

High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduated? Yes \_\_\_ No \_\_\_ Degree/Diploma \_\_\_\_\_

College Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduated? Yes \_\_\_ No \_\_\_ Degree/Diploma \_\_\_\_\_

College Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduated? Yes \_\_\_ No \_\_\_ Degree/Diploma \_\_\_\_\_

Other (Specify): \_\_\_\_\_ City/State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduated? Yes \_\_\_ No \_\_\_ Degree/Diploma \_\_\_\_\_

**EMPLOYMENT (Please check the former employers that you do not wish us to contact. Start with your most recent employment information first. Thank you.)**

Company Name/Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ From/To: \_\_\_\_\_ / \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ /hr  
(mm/yy) (mm/yy)

Reason for Leaving: \_\_\_\_\_

Company Name/Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ From/To: \_\_\_\_\_ / \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ /hr  
(mm/yy) (mm/yy)

Reason for Leaving: \_\_\_\_\_

Company Name/Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Position: \_\_\_\_\_ From/To: \_\_\_\_\_ / \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ /hr  
(mm/yy) (mm/yy)

Reason for Leaving: \_\_\_\_\_

**REFERENCES (Please, NO relatives or former employers. Thank you.)**

NAME	ADDRESS	TELEPHONE
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____
_____	_____	(____) _____ - _____

**PLEASE READ BEFORE SIGNING**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Town of Antrim has the same right.

I further understand that the Town of Antrim may contact my previous employers, schools, or persons listed as references to give any information regarding employment or education. I authorize those employers, schools, and references to disclose to the Town of Antrim all records and other information pertinent to my application for employment with the Town of Antrim. I agree that the Town of Antrim, my previous employers, schools, and references will not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or other information on this application.

I certify that all of the information that I provide on this application and in any interview will be complete, true, and accurate. I understand that if I am employed, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature