



Town of Antrim

PO Box 517 66 Main Street
Antrim, NH 03440
Tel: 588.6785 Fax: 603.588.2969
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.

NAME: _____
(First) (Middle) (Last)

PRESENT ADDRESS _____
Street City State ZIP

HOW WE MAY CONTACT YOU: _____
Home Phone Cell Phone

POSITION DESIRED: _____

Are you 18 years or older? 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

Have you applied for employment here before? Yes No
When?

Have you ever been employed here? Yes No
When? Where?

Are you employed now? Yes No
If so, may we contact your employer?

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.

EDUCATION				
Name of School and Location. Include College, Graduate Work, and Summer Sessions MOST RECENT LAST	Dates Attended		DIPLOMA/DEGREE Conferred (Please indicate MAJOR & MINOR)	Semester Hours Credit beyond degree
	From	To		
HIGH SCHOOL:	X	X		
	X	X		
	X	X		
UNDERGRADUATE:				
GRADUATE:				

Employer and Location (list most recent first)	POSITION HELD	DATES Employed		REASON FOR LEAVING
		From Mo/Yr	To Mo/Yr	

OTHER QUALIFICATIONS

In addition to your work history, what other experiences, skills or qualifications would enhance your candidacy for a position with the Town of Antrim?

REFERENCES

List three people, unrelated to you, one of whom must be a recent employer, who can attest to your qualifications for this position.

NAME	ADDRESS	HOME TEL. NO.	WORK TEL. NO.	OCCUPATION
1.				
2.				
3.				

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