



Town of Antrim

66 Main Street PO Box 517

Antrim, NH 03440

Tel: 603.588.6785 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.

(PLEASE PRINT CLEARLY)

PERSONAL:

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

Address: _____
Street City State ZIP

Daytime Phone #:()- - Cell phone: ()- - E-mail: _____

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.

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 do not list relatives and list at least one former employer.)

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 (if checked on page 3), 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

For Town Use only:

References checked by _____

Reviewed and recommended by _____
Signature of Department Head

Reviewed and recommended by _____
Signature of Town Administrator