

# Application For Employment

**TOWN OF RAYMOND**  
4 Epping Street  
Raymond, NH 03077

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

*(PLEASE PRINT)*

<i>Position(s) Applied For</i>	<i>Date of Application</i>
<i>How did you learn about us?</i> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Email Address</i>
<i>Address</i>	<i>Number</i>	<i>Street</i>	<i>City</i>
		<i>State</i>	<i>Zip</i>
<i>Telephone Numbers</i>			<i>Social Security Number</i>

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

Have you ever filed an application with us before?  Yes    No  
 If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?  Yes    No  
 If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes    No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  Yes    No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?  Yes    No

Are you available to work:       Full Time    Part Time    Shift Work    Temporary

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

Can you travel if a job requires it?  Yes    No

Have you been convicted of a felony within the last 7 years?  Yes    No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## Education

Circle highest grade completed:

7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

Schools	Name & Location	Grad?	Major/Minor Course Work	Type of Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College(s) University(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other educational, vocational school, internships, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you possess a valid driver's license?  Yes  No

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Do you hold any Licenses and/or certifications (List, giving dates and sources of issuance): \_\_\_\_\_

Describe any job-related training and/or skills (include other languages, computer software / hardware, tools, machinery, etc.): \_\_\_\_\_

List any Job-related honors, awards and special accomplishments: \_\_\_\_\_

## Work History (you may include volunteer experience)

Current or Last Employer:			Address:		
Job Title:			Supervisor's Name		
Date Employed (mo/yr)		Telephone Number		Number Supervised by you	
Date Separated (mo/yr)		Reason for Leaving		May we contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Time	Years	Months	Starting Salary \$ per		Ending or Current Salary \$ per
Part Time	Years	Months	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
If part time, number of hours worked per week:					

Employer:	Address:	
Job Title:	Supervisor's Name	Telephone Number
Date Employed (mo/yr)	Reason for Leaving	Number Supervised by you
Date Separated (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per
Full Time      Years      Months	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:	
Part Time      Years      Months <i>Hours per week</i>		

Employer:	Address:	
Job Title:	Supervisor's Name	Telephone Number
Date Employed (mo/yr)	Reason for Leaving	Number Supervised by you
Date Separated (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per
Full Time      Years      Months	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:	
Part Time      Years      Months <i>Hours per week</i>		

Employer:	Address:	
Job Title:	Supervisor's Name	Telephone Number
Date Employed (mo/yr)	Reason for Leaving	Number Supervised by you
Date Separated (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per
Full Time      Years      Months	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:	
Part Time      Years      Months <i>Hours per week</i>		

**References:** Please list names and phone numbers of three references (excluding family)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 a 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.

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Signature of Applicant

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Date