

TOWN OF FRANCESTOWN
 OFFICE OF SELECTMEN
 27 MAIN STREET • P.O. BOX 5
 FRANCESTOWN, NEW HAMPSHIRE 03043-0005

TELEPHONE (603) 547-3469 EMAIL francestownnh@comcast.net FAX (603) 547-2622

Please print in ink or type.

Last Name	First Name	Middle Initial
Mailing Address:		Street Address (if different from mailing):
Home Phone:		Cell Phone:
Email Address		

Position(s) Applied For	Date of Application
How did you hear about this position? <i>(Please circle all that apply.)</i>	
Newspaper Friend/Relative Town Website Employment Agency Other: _____	

Please circle below to indicate your answer.

- Are you under 18 years of age? Yes No
 >If yes, can you provide required proof of your eligibility to work? 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.*
- Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No
- Have you ever been convicted of any violation of the law (felony or misdemeanor) or uniform code of military justice that has not been officially annulled? Yes No
 >If yes, please provide date(s), location(s) and nature of the felony or misdemeanor conviction(s). *Conviction will not necessarily disqualify an applicant from employment; each case will be considered separately. If you leave this space blank, you are certifying that you have no current record of conviction.*
- Have you ever been employed by the Town of Frankestown before? Yes No
 >If yes, please provide date and position: _____
- Do any of your friends or relatives work for the Town of Frankestown? Yes No
 >If yes, please state name(s) and relationship(s): _____
- Are you currently employed? Yes No
- May we contact your current employer? Yes No
 >If yes, provide contact information on the following page.
- Are you currently on "lay-off" status and subject to recall? Yes No
- If you were hired for this position, how soon would you be available to begin work? _____

The Town of Frankestown is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religious creed, gender, national origin, age, physical or mental disability, genetic information, marital or veteran status, sexual orientation, or any other legally protected status.

EDUCATION

School	Name and Location	Course of Study (if applicable)	Diploma/Degree
High School			
Undergraduate/College			
Graduate/Professional			
Other Education (Specify)			

WORK EXPERIENCE

Please start with your present or most recent job and list all of your employment over the last 10 years. **Please attach a separate resume in addition to filling out this section.**

Employer	<u>DATES EMPLOYED</u> FROM TO		WORK PERFORMED
Address			
	<u>HOURLY RATE/SALARY</u> STARTING FINAL		
Job Title			
Supervisor	Phone Number		
Reason for Leaving			May we contact your supervisor?

Employer	<u>DATES EMPLOYED</u> FROM TO		WORK PERFORMED
Address			
	<u>HOURLY RATE/SALARY</u> STARTING FINAL		
Job Title			
Supervisor	Phone Number		
Reason for Leaving			May we contact your supervisor?

Employer	<u>DATES EMPLOYED</u> FROM TO		WORK PERFORMED
Address			
	<u>HOURLY RATE/SALARY</u> STARTING FINAL		
Job Title			
Supervisor	Phone Number		
Reason for Leaving			May we contact your supervisor?

Employer	<u>DATES EMPLOYED</u> FROM TO		WORK PERFORMED
Address			
	<u>HOURLY RATE/SALARY</u> STARTING FINAL		
Job Title			
Supervisor	Phone Number		
Reason for Leaving			May we contact your supervisor?

Please explain any gaps in employment:

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Please describe your specialized training, apprenticeships, professional licenses or certifications or special job-related skills and qualifications acquired from employment or other experience:

Please list your professional, trade, or business activities:

SPECIALIZED SKILLS

PC/MAC Microsoft Word Microsoft Excel/Spreadsheet Desktop Publishing Website Design

Small Equipment (please specify): _____

Heavy Equipment (please specify): _____

Other (please specify): _____

Please provide any additional information that may be helpful to us in considering your application.

PROFESSIONAL REFERENCES

Name	Occupation	Phone Number(s)	Best Time to Call
1.			
2.			
3.			

ATTENTION: This statement must be signed. Applications not signed by the candidate will not be considered.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not hiring me or for dismissing me after I have begun work. I understand that all information contained in this application may be subject to verification. I authorize the Town to verify all information and I fully release the Town and all of its employees from any liability resulting from the verification process.

For certain job categories, I may be required to pass, after a conditional offer of employment is made, a physical examination to establish ability to perform the essential functions of the job. I authorize the Town of Frankestown to conduct a criminal history check of my record. I understand that any offer of employment is conducted upon the Town's concurrence, before or after such offer is made, that the results of the criminal history check are consistent with the Town's employment standards or expectations of the job for which I am applying. I also understand that the Town of Frankestown conducts pre-employment and random drug testing in certain departments and for certain positions. I understand that unless altered by contract or statute, I am applying for an at-will employment position and nothing in this application or the Town's personnel policies creates an employment contract.

Signature of Applicant

Date