

TOWN OF HILL, NEW HAMSHIRE
30 CRESCENT ST. SUITE #1
HILL, NH 03243
PHONE: (603) 934-1094 FAX: (603) 934-2011
hillselectmen@comcast.net

APPLICATION FOR EMPLOYMENT

Kindly complete this application and return it to the Selectmen's Office 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 decision on the basis of race, sex, color, pregnancy, religion, sexual orientation, marital status, disability, national origin or any other basis protected by law.

NAME: _____

PRESENT ADDRESS: _____

HOME PHONE # _____ CELL # _____

E-MAIL ADDRESS: _____

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:

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 Hill.

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 Hill has the same right. No one other than the Board of Selectmen has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I further understand that the Town of Hill 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 Hill all records and other information pertinent to my application for employment with the Town of Hill. I agree that the Town of Hill, 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 also authorize the Town of Hill to provide truthful information concerning my employment with the town to my future prospective employers, and I agree to hold it harmless for providing such information.

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

COMPLETE ALL INFORMATION AS REQUESTED:

1. LAST NAME (including suffix if any)	FIRST NAME	FULL MIDDLE NAME
2. RESIDENCE ADDRESS (Street & House/Apt. #)	TOWN OR CITY	ZIP CODE
3. MAILING ADDRESS (If different from above)	TOWN OR CITY	ZIP CODE
4. DRIVER'S LICENSE NUMBER	5. DATE OF BIRTH	6. SOCIAL SECURITY NUMBER
7. PHONE NUMBER	8. EMAIL ADDRESS (If applicable)	

POSITION APPLYING FOR: _____

SIGNATURE: _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

DATE SIGNED: _____

RETURN ENTIRE FORM ALONG WITH RESUME & LETTER OF INTENT TO:

**TOWN OF HILL
SELECTMEN'S OFFICE
30 CRESCENT ST. SUITE #1
HILL, NH 03243**

OR: hillselectmen@comcast.net

FOR OFFICE USE ONLY

RECEIVED BY: _____
DATE RECEIVED: _____

OTHER REQUIRED DOCUMENTS RECEIVED:

RESUME _____
LETTER OF INTENT _____
REFERENCES _____
CRIMINAL RECORD CHECK RETURNED _____
REFERENCES CHECKED _____
INTERVIEW APPOINTMENT _____