HILL FIRE – RESCUE

18 COMMERCE ST. / PO BOX 226 HILL, NH 03243 (603)934-5350

APPLICATION FOR EMPLOYMENT

Please print and fill out all sections

Applicant Information

Applicant Name	
Home Phone	
Other Phone	
Email Address	
Current Address:	
	·
	State & Zip
How were you referred to Company?	
	Employment Positions
Position(s) applying for:	
	Personal Information:
Have you ever applied to / worked for	or the Town of Hill before? [] Y or [] N
If yes, please explain (include date):	
Do you have any friends, relatives, o	r acquaintances working for the Town of Hill? [] Y or [] N
If yes, state name & relationship:	
If hired, would you have transportati	on to/from work? [] Y or [] N
Are you over the age of 18? [] Y or	[] N
If hired, would you be able to preser States? [] Y or [] N	t evidence of your U.S. citizenship or proof of your legal right / eligibility to work in the United
If hired, are you willing to submit to	and pass a controlled substance test? []·Y or [] N
	I functions of the job for which you are applying, either with / without reasonable
If no, describe the functions that car	not be performed
	DA and considers reasonable accommodation measures that may be necessary for eligible
	sential functions. It is possible that a hire may be tested on skill/agility and may be subject to a
medical examination conducted by a	riminal offense (felony or misdemeanor)? [] Y or [] N
	riminal offense (leichly of misdemeanor): [] To [] National Control of the crime(s), when and where convicted and disposition of the
	ate nature of the crime(s), when and where convicted and disposition of the
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(Note: No applicant will be denied en	mployment solely on the grounds of conviction of a criminal offense. The date of the offense, the

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Employment History

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N $\,$

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. *Even if you have attached a resume, this section must be completed*.

Name of Employer:
Name of Supervisor:
Telephone Number: Business Type: [
Business Type:[
Address:
City, state, zip:
Length of Employment (Include Dates):
Position & Duties:
May we contact this employer for references? [] Y or [] N
They we contact this employer for references: [] Tor [] N
Name of Employer:
Name of Supervisor:
Telephone Number:
Business Type:
Address:
City, state, zip:
Length of Employment (Include Dates):
Position & Duties:
Reason for Leaving:
May we contact this employer for references? [] Y or [] N
Name of Employer:
Name of Supervisor:
Telephone Number:
Business Type:
Address:
City, state, zip:
Length of Employment (Include Dates):
Position & Duties:
Reason for Leaving:
May we contact this employer for references? [] Y or [] N

References

List below three persons who have knowledge of your work performance within the last four years. Please include preferences only. Name - First, Last: Telephone Number: Address: City, state, zip: Occupation: Number of Years Acquainted: Name - First, Last: Telephone Number: Address: City, state, zip: Occupation: Number of Years Acquainted: Name - First, Last: Telephone Number: Address: City, state, zip: Occupation: Number of Years Acquainted: Name - First, Last: Telephone Number: Address: City, state, zip: Occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below Respectively: Please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Please Read and Initial Each Paragraph, then Sign Below occupation: Number of Years Acquainted: Number of Y			
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other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or i	ion I have Ofessional Ormer employers & Of Or in any way	of employment, education record, and any other information I have use any information related to my work record and my professional such disclosure. In addition, I release the company, my former emp ns from any & all claims, demands or liabilities arising out of or in ar	ermit the company to examine my references, vided. I authorize the references I have listed eriences with them, without giving me prior nother persons, corporations, partnerships & as ted to such examination or revelation.
plicant's Signature:			licant's Signature
te:			
0. ≥ x			e:

Town Of Hill Public Safety Authority For Release of Information

I,	whose personal information is:
Current Address:	
Date of Birth:	Place of Birth:
Social Security Number:	
Driver's License State of Issue	and Number:
Father's Name:	
Department consent to have an fitness for the position to which	employment with the Hill Police Department or the Hill Fire investigation made as to my moral character, reputation, and h I have applied and to have such information as may be received I also agree that if applied to the Police Department and if olygraph test.
association or institution, having to me, to furnish to the Hill Podocuments, files, regarding characteristics or closed, or any other pertiner representatives to inspect and the When such documents and/or	person, firm, company, corporation, government agency, court, and control of documents, records, and other information pertaining alice Department, any such information, including records, arges or complaints filed against me, formal or informal, pending and data, and to permit the Hill Police Department or any of its make copies of such documents, records, and other information. information are supplied, on the condition that the Hill Police fidence, I waive my right to inspect them.
representatives, and any person nature and kind rising out of the	d exonerate the Hill Police Department, its agents, and n so furnishing information from any and all liability of every he furnishing, inspection or withholding of such documents, records avestigations made by or on behalf of the Hill Police Department.
The authority will not be revol revocation, if any, and will coundersigned.	ked during the effective period from the date hereof to the date of ntinue for one calendar year unless sooner revoked by the
Witness	Applicant
Date	Date

Education, Training and Experience

High School:	
School name:	
School address:	
School city, state, zip:	
Number of years completed:	
Did you graduate? [] Y or [] N	
Degree / diploma earned:	
College / University:	
School name:	
School address:	
School city, state, zip:	
Number of years completed:	
Did you graduate? [] Y or [] N	
Degree / diploma earned:	_
Vocational School:	
Name:	
Address:	
City, state, zip:	
Number of years completed:	
Did you graduate? [] Y or [] N	
Degree / diploma?:	
Military:	
Branch:	
Rank in Military:	
Total Years of Service:	
Skills/duties:	
Related details:	
Additional Information	
Do you speak, write or understand any foreign languages? [] Y or [] N	
If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.	
Do you have any other experience, training, qualifications, or skills which you feel should be brought to ou	r attention, in the case
that they make you especially suited for working with us?	
[]Yor[]N	
If yes, please explain	