

TOWN OF ATKINSON

19 Academy Ave, Atkinson, NH 03811

APPLICATION FOR EMPLOYMENT

Employees of the Town and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, or disability.

The Town of Atkinson will make reasonable effort in the employment process to accommodate persons with disabilities. If you will require special accommodations during the application/hiring process, please notify Town Administrator prior to the deadline for submitting an application for this position.

Applications remain active for a maximum of one (1) year.

(Please Print or Type)

Date:

POSITION DATA

Position applied for:

Department:

Availability Date:

Full-time

Part-time

Seasonal

BIOGRAPHICAL DATA

Full Name:

Email:

Street Address:

Home Phone: ()

City:

State:

Zip:

Work Phone: ()

Have you ever been employed with us before? No

Yes

If yes, provide details below.

Title of Position held:

Termination Date:

Reasons for leaving:

List any relative currently working for the Town of Atkinson:

Name	Department	Relationship

Do you have a legal right to accept employment in the United States? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

EDUCATION

Did you receive a high school diploma or GED?

Yes No

Circle highest grade completed: 7 8 9 10 11 12

College: 1 2 3 4 5 6

	School (name, city, state)	Years Completed	Degree	Course of Study
High School				
Undergraduate College/University				
Graduate/Professional College/University				
Other Education (i.e., Technical, Business)				

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (List most recent employer first)	
Company:	Your Title:
Street Address:	Employed From (date):
City, State, Zip:	Employed To (date):
May we contact your present employer? Yes [] No []	Current Salary or Rate of Pay: Starting: _____ Per _____ Ending: _____ Per _____
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
Salary or Rate of Pay: _____ Starting: _____ Ending: _____	
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
Salary or Rate of Pay: _____ Starting: _____ Ending: _____	
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
Salary or Rate of Pay: _____ Starting: _____ Ending: _____	
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	

If needed, please attach additional sheets to include additional employment history.

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No

If Yes, what branch?

Rank at Discharge:

Describe any training received which would be relevant to the position for which you are applying:

SPECIFIC SKILLS

List technical/professional licenses or certifications you hold:

List office machines, heavy equipment, vehicles, or other machinery you can operate:

List any job-related specialized training you have received:

DRIVING HISTORY (Use additional sheets, as necessary)

List ALL presently unexpired motor vehicle operator's licenses you hold:

License #:	Issuing State:	Expires: / /	Type:
------------	----------------	--------------	-------

License #:	Issuing State:	Expires: / /	Type:
------------	----------------	--------------	-------

Provide complete motor vehicle accident record for the past 3 years:

Dates	Nature of Accident (Head-on, Rear-ended, etc.)
Last Accident:	
Next Previous:	
Next Previous:	

List ALL Traffic convictions (other than parking violations) & ALL License Suspensions and/or Forfeitures you have incurred during the past 3 years:

Date	Location	Description

CRIMINAL HISTORY

Have you ever been convicted of a crime that has not been expunged by a court? Yes No

If Yes, explain fully (Conviction will not automatically disqualify you from employment. Each situation is considered on its individual merit. Lack of explanation or failure to complete this section may be a basis for rejection of this application):

REFERENCES

List three (3) references who are not related to you:

Name & Occupation	Address	Phone	Relationship

MISCELLANEOUS INFORMATION

Have you ever applied for a position with us before? Yes No

If Yes, give date and the position:

How did you find out about this employment opportunity?

Union Leader Carriage Town News Town Job Posting
 Town Website Other (please specify):

ADDITIONAL INFORMATION

Use this space for any further information you think would help us evaluate your application:

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

In submitting this application for consideration and as indicated by my signature below, I hereby certify that all responses provided herein and throughout the application process are true and complete to the best of my knowledge. I authorize the Town of Atkinson and/or its authorized agent(s) to investigate my personal and employment history, and financial and credit record. I further authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I understand that should an investigation at any time disclose any misrepresentations and/or falsifications as stated herein, upon any other employment-related form or made during an interview(s), my application will be rejected and should I become or already be employed with the Town of Atkinson, my employment may be terminated.

I understand that if I am employed by the Town of Atkinson, I am required to become familiar with and abide by all rules and regulations of the Town of Atkinson as established and amended from time to time. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship established with the Town of Atkinson is of an "at will" nature, which means that the employee may resign at any time and the Town of Atkinson may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by written instrument or by conduct unless such change is specifically acknowledged, in writing, by an authorized representative of the Town of Atkinson.

I release any individual, including record custodians, from any and all liability for damages of whatever kind or nature that may, at any time, happen to me as a result of compliance, or any attempts to comply with this authorization.

(Applicant's Signature)

(Date)

The Town of Atkinson is an Equal Opportunity Employer