



Town of Atkinson

21 Academy Avenue
Atkinson, NH 03811
Tel 603.362.5266
Fax 603.362.5305

The Town of Atkinson is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, mental or physical disability, arrest record or any other classification protected under State or Federal Law.

Directions: Supply an answer to every question. Write NA if the question is not applicable. Sign your name when completed. Failure to observe these directions will result in your application not receiving adequate consideration.

Position Applied For \_\_\_\_\_
Position Title \_\_\_\_\_
Department \_\_\_\_\_

Today's Date: \_\_\_\_\_

Are you able to work at any of the Town's sites? [ ] Yes [ ] No If No, please explain: \_\_\_\_\_

If you have worked for the town before, give dates: \_\_\_\_\_

1. Will you accept: (Check work you will accept)

- [ ] Full Time [ ] Part Time [ ] Seasonal Work [ ] Shift Work

Can you work multiple shifts? (Please explain) \_\_\_\_\_

3. Name \_\_\_\_\_
Last Name First Name Middle Name

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4. Mailing Address \_\_\_\_\_
Street City State Zip

E-Mail Address \_\_\_\_\_

5. Do you have a legal right to work in this country? [ ] Yes [ ] No Those selected for employment will be required to provide proof of right to work.

6. Have you ever been convicted of or pled guilty or no contest or forfeited bond in connection with a felony? [ ] Yes [ ] No If yes, explain below. (Exclude those cases processed in juvenile court and minor traffic violations.) Conviction does not necessarily disqualify you from employment. The type of offense, date of occurrence, and the position sought will be considered.

7. EDUCATION RECORD - if now in school, include present term. Name And Location Of High School:

GRADUATED? [ ] Yes [ ] No

IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (GED)?

[ ] Yes [ ] No IF YES, DATE RECEIVED: \_\_\_\_\_

Schools attended after high school Or special training received.							Fields of Study Or Titles of Special Courses	No Of Credits Rec'd			Certificates, Degrees, Etc. Earned
Name and Location	From		TO		Time	Time		Semester	QTR.	Clock	
	Mo.	Yr.	Mo.	Yr.				OR	OR	OR	
							Hours	Hours	Hours		

8. List any special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position.

\_\_\_\_\_

\_\_\_\_\_

KEYBOARDING SPEED: \_\_\_\_\_

9. REFERENCES - List the names of three professional/occupational references other than relatives.

Name	Address	Business	Telephone
1.			
2.			
3.			

This section must be completed. A resume will not be accepted as a substitute

10. **EMPLOYMENT HISTORY** - Beginning with your present or most recent job, describe your work experience during the past TEN years. Include all non-paid or volunteer work. Also list any prior work experience related to the duties of the position for which you are applying. If you need more space, please attach additional sheets. Explain gaps in employment.

PRESENT OR LAST EMPLOYER		
Employing Firm	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
Specific Duties	Title	
		To: _____ Month Year
		Full Time: _____
		Part Time _____
		Start Salary \$ _____
		Last Salary \$ _____
Reason for leaving:		
If you still work here, May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employing Firm	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
	Title	To: _____ Month Year
Specific Duties		Full Time: _____
		Part Time _____
		Start Salary \$ _____
Reason for leaving:		Last Salary \$ _____

Employing Firm	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
	Title	To: _____ Month Year
Specific Duties		Full Time: _____
		Part Time _____
		Start Salary \$ _____
Reason for leaving:		Last Salary \$ _____

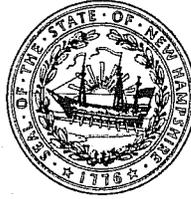
Employing Firm	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
	Title	To: _____ Month Year
Specific Duties		Full Time: _____
		Part Time _____
		Start Salary \$ _____
Reason for leaving:		Last Salary \$ _____

Employing Firm	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
	Title	To: _____ Month Year
Specific Duties		Full Time: _____
		Part Time _____
		Start Salary \$ _____
Reason for leaving:		Last Salary \$ _____



# RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



## NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Telephone: Driver Records/Accidents (603) 227-4040  
 Registration (603) 227-4030  
 Title (603) 227-4150  
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 09/12)

<p><b>I. Requested Information: Are you requesting:</b></p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record?  <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company?  <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p><b>II. Requestor Information:</b></p> <p><b>Name of Requestor:</b> _____</p> <p>Employer/Company (If applicable): _____</p> <p>Address: _____ Tele.#: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p><b>III. Requested Records:</b></p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 15.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title (Certified copy): \$ 15.00</p> <p><input type="checkbox"/> Title Search (not a duplicate title): \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 15.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p><b>Make checks payable to "State of NH - DMV"</b></p>	<p><b>IV. Intended Use of Information:</b>  <b><u>IMPORTANT: To be completed only if you checked Box C above</u></b></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding.          Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V(a)(8) [RSA 260:14V(a)(6)].  <small>Indicate specific reason here</small></p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. <b>In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting.</b> _____ [(RSA 260:14, V(a)(10))  <small>(Initial here)</small></p>
<p><b>V. Search For (provide all applicable information):</b></p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____  <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

**\*\*\*Reverse Side Must Be Completed Before Processing\*\*\***

**VI. Signed Authorization:**

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<p><b>Notary Public / Justice of the Peace Acknowledgement:</b></p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace                      Commission Expiration _____</p>	<p><b>Certification:</b></p> <p>I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.</p> <p>_____ <i>Signature of Requestor</i></p> <p><b>Date:</b> _____</p>
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**VIII. PENALTY CLAUSE:**

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Type of Identification:  Valid Photo Driver License     State-issued Photo ID     Valid Military Identification  
 Valid Passport                       Birth Certificate                       Other (specify) \_\_\_\_\_

ID Number \_\_\_\_\_

\_\_\_\_\_  
Employee Verifying Applicant Identification (Print Name)                      Signature

-----DO NOT WRITE BELOW THIS LINE-----



New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

**NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS**  
**EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b**

Fees: Employees  LIVESCAN - \$41.50 -or-  INKED - \$51.50;  Volunteers \$25.00 (Livescan or Ink)  
*must select one*

**SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

**SECTION II**

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

DATE \_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

**NOTE: Make checks payable to: State of NH – Criminal Records.**

Applicant fingerprint card or livescan form must be submitted at the same time as payment and this form.