



APPLICATION FOR EMPLOYMENT

Town of Henniker, 18 Depot Hill Road, Henniker, NH 03242

603-428-3221

The Town of Henniker considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of application: _____

Position(s) applied for: _____

How did you learn about us: Advertisement Employment Agency Friend Relative Walk-in
 Other _____

Name: _____ Social Security #: _____

Address: _____

Telephone: _____ Email: _____

If less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration status? *Proof of citizenship or immigrations status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

References

Please provide names, addresses, and telephone numbers of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Education

	Name and Address of School	Years Completed	Did you Graduate?	Subject Studied and Degrees Received
High School				
College				
Post College				
Trade, Business, or Correspondence School				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful in considering your application: _____

Indicate any foreign languages you can speak, read and/or write: _____

List professional, trade, business, or civic activities and offices held. *You may exclude memberships which would reveal sex, race, national origin, age, ancestry, or handicap or other protected status:*

Have you ever had any job-related training in the United States Military? Yes No

If Yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Employer: _____
Address: _____ Telephone: _____
Job Title: _____ Supervisor: _____
Reason for leaving: _____
Work Performed: _____
From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____

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Work Performed: _____
From: _____ To: _____ Hourly Rate/Salary: Starting: _____ Final: _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name: _____ Social Security #: _____

Address: _____

✓	Complete only the sections below that have been checked
	Current job:
	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Check one of the following ethnic origins: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped individual
	Date of Birth:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by any authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

For Personnel Department Use Only

Arrange an Interview: Yes No

Remarks: _____

Interviewer: _____ Date: _____

Employed: Yes No Date of Employment: _____ Hourly Rate/Salary: _____

Department: _____ Job Title: _____

Notes: _____

