



Town of Goffstown

TOWN OFFICES
 16 Main Street
 Goffstown, NH 03045
 TEL. 497-8990 FAX 497-8993

EMPLOYMENT APPLICATION

Candidates will receive consideration without discrimination due to race, creed, religion, color, sex, age, national origin, disability or veteran status.

PLEASE PRINT CLEARLY

| | | | | |
|--|---|--|---|--|
| P E R S O N A L | LAST NAME | FIRST | MIDDLE | DATE |
| | STREET ADDRESS | | | HOME TELEPHONE |
| | CITY/STATE/ZIP | | | BUSINESS TELEPHONE |
| | HAVE YOU APPLIED FOR A POSITION WITH THE TOWN OF GOFFSTOWN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH AND YEAR _____ DEPT. _____ | | | SOCIAL SECURITY # |
| | POSITION DESIRED | | | PAY EXPECTED |
| | ARE YOU APPLYING FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO | PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | EITHER? <input type="checkbox"/> YES <input type="checkbox"/> NO | WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | WHEN CAN YOU BEGIN WORK? |
| | OTHER ABILITIES, INTERESTS, HOBBIES, ETC. YOU FEEL ARE RELEVANT TO THIS APPLICATION: | | | |
| CERTIFICATIONS/LICENSES: | | | | |

| | | | | | | |
|--|------------------------------|-----------------------------|-----------------|------------------------|-------------------|-------------------|
| E D U C A T I O N | SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
| | GRADUATE | | | | | |
| | COLLEGE | | | | | |
| | BUSINESS/TRADE/ TECHNICAL | | | | | |
| | HIGH SCHOOL | | | | | |

| | | |
|--|---|--------------------------------------|
| E M P L O Y M E N T | 1. COMPANY NAME (present or most current first) | TELEPHONE |
| | ADDRESS | EMPLOYED - MONTH AND YEAR FROM TO |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST |
| | JOB TITLE AND WORK DESCRIPTION | REASON FOR LEAVING |
| | 2. COMPANY NAME | TELEPHONE |
| | ADDRESS | EMPLOYED - MONTH AND YEAR FROM TO |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST |
| | JOB TITLE AND WORK DESCRIPTION | REASON FOR LEAVING |

| | | |
|--|--------------------------------|--------------------------------------|
| E M P L O Y M E N T | 3. COMPANY NAME | TELEPHONE |
| | ADDRESS | EMPLOYED - MONTH AND YEAR FROM TO |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST |
| | JOB TITLE AND WORK DESCRIPTION | REASON FOR LEAVING |
| | 4. COMPANY NAME | TELEPHONE |
| | ADDRESS | EMPLOYED - MONTH AND YEAR FROM TO |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST |
| | JOB TITLE AND WORK DESCRIPTION | REASON FOR LEAVING |

| | | | | | |
|--|--------|------|--------|-------|-------------------|
| M I L I T A R Y | BRANCH | RANK | DUTIES | DATES | TYPE OF DISCHARGE |
| | | | | | |
| | | | | | |

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.
DO NOT CONTACT EMPLOYER NO.(S) _____ REASON: _____

HAVE YOU EVER BEEN BONDED BEFORE? YES NO
DO YOU KNOW OF ANY REASON YOU CANNOT BE BONDED AT THIS TIME? YES NO
HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES NO IF YES, EXPLAIN IN DETAIL _____

I CERTIFY THAT THE INFORMATION GIVEN IN MY RESUME AND APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. IF YOU DECIDE TO REQUEST A REFERENCE OR A COPY OF PERSONNEL FILE FROM A PRIOR OR CURRENT EMPLOYER. I AUTHORIZE THEM TO RELEASE THAT INFORMATION. THE TOWN WILL NOT REQUEST THAT INFORMATION FROM EMPLOYERS WHOM YOU REQUEST WE NOT CONTACT. IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.
DATE _____ SIGNATURE _____
WITNESS _____

INTERVIEWER NOTES: