



TOWN OF SWANZEY

620 OLD HOMESTEAD HIGHWAY P.O. BOX 10009
SWANZEY, NH 03446-0009
TOWN HALL (603) 352-7411 FAX (603) 352-6250
WWW.TOWN.SWANZEY.NH.US

EMPLOYMENT APPLICATION

All information provided by applicants for employment on this application form may be verified for accuracy. Inaccurate information may be grounds for disqualification for, or dismissal from, employment. We offer equal employment opportunity to all persons without regard to race, color, religion, age, gender, national origin, disability, sexual orientation, marital or veteran's status or any other legally protected status.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY/STATE: _____ ZIP: _____ EMAIL: _____

Position Title Desired: _____ Full-time _____ Part-time _____ Temporary/Seasonal _____

Desired Salary Range \$ _____ Available to work: Days _____ Evening _____ Nights _____ Weekends _____

Are you a US citizen? Yes _____ No _____ If not, do you have the legal right to work in the US? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

Have you ever worked for the Town of Swanzey? Yes _____ No _____ If yes, When? _____

Are you currently employed with the town? Yes _____ No _____ If employed, why do you wish to change positions?

Provide additional information such as special skills, equipment operation, languages, supervisory experience, training or other qualifications helpful to us in considering you for this position.

List volunteer experience you have as it relates to this position.

Agency Name _____ From _____ To _____

Address _____ Hours per week _____

Duties _____

Have you ever been convicted of any violation of the law (misdemeanor or felony) that has not been officially annulled? Yes _____ No _____ If yes, state date, place and nature of conviction (a conviction will not necessarily disqualify an applicant from employment, as each case is considered individually)

PLEASE ANSWER (IF RELEVANT):

Valid Motor Vehicle Operator's License? Yes _____ No _____ What State? _____

Do you possess a State of NH Commercial Driver's License? Yes _____ No _____ Type? _____

List other valid licenses, registrations or certificates you possess _____

School Name	Address	Course/Major	Degree Received
High School 9 10 11 12			
Trade/Technical 1 2 3 4			
College 1 2 3 4			
Post Graduate 5 6 7 8			

PRIOR WORK RECORD (start with most recent or current employer and work back at least **ten years**).
Resumes may be attached, **but not in lieu of completing this section**. Incomplete employment history and/or statements such as "refer to resume" will be cause for disqualification. If more space is needed, please complete and attach a separate page.

Application must be signed and dated to be considered valid and complete.

Current Employer _____

From _____ To _____ Avg. Hrs./Week _____

Address _____ Starting Salary _____ Ending _____

Supervisor (Name/Position) _____ Tel. # _____

May we contact? · Yes · No

Job Title _____ Duties _____

Reason for leaving _____

Previous Employer _____

From _____ To _____ Avg. Hrs./Week _____

Address _____ Starting Salary _____ Ending _____

Supervisor (Name/Position) _____ Tel. # _____

May we contact? Yes No

Job Title _____ Duties _____

Reason for leaving _____

Previous Employer _____

From _____ To _____ Avg. Hrs./Week _____

Address _____ Starting Salary _____ Ending _____

Supervisor (Name/Position) _____ Tel. # _____

May we contact? Yes No

Job Title _____ Duties _____

Have you ever been discharged or asked to resign from any job? Yes ____ No ____

Explain _____

References:

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

APPLICATION AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Town of Swanzey and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Town of Swanzey retains the same right.

In the event I have a disability which will affect my ability to take the test, I will so inform the Town of Swanzey prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Town of Swanzey reserves the right to require medical documentation concern-ing the need for the accommodation. I understand that if employed, policies and rules which are issued are not conditions of employment and that the Town of Swanzey may revise policies or procedures, in whole or part, at any time.

I understand that prior to being offered employment with the Town of Swanzey; I may be requested to take pre-employment exams, tests and physical. Background checks are required and obtained through Swanzey Police Department - NH State Police – NH Department off Safety DMV). I understand the Town of Swanzey may contact all references listed and all past and current employers.

SIGNATURE _____ DATE _____

TOWN OF SWANZEY CARPENTER HOME

Date _____

Have you ever

been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person, by a court of law? Yes No

been found guilty of abusing, neglecting or mistreating any person, or misappropriating the property of any person, by any State survey and certification agency? Yes No

had a finding of guilty entered into any State Nurse Aide Registry concerning the abuse, neglect or mistreatment of the property of any person? Yes No

If YES to any of the above questions, please explain:

Printed name _____

Signature _____

Date of signature _____

TOWN OF SWANZEY
CARPENTER HOME

Personnel Record Requirement

Name _____

Address _____

Social Security number _____

References

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Please attach any written reference statements.

Signature _____ Date _____

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F:49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you may find concerning me to: (***This portion must be filled out in order to be processed.***)

Employer Name: Town of Swanzey-Carpenter Home
Mailing Address: P.O. Box 10009
City/State/Zip: Swanzey, NH 03446
Telephone: 603-352-2269
Fax: 603-352-6250

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City/State/Zip: _____

Telephone: _____ Gender: Female Male

Also known by the following names (Maiden Name, etc.):

Last Name _____ First Name: _____ Middle Initial: _____

Last Name _____ First Name: _____ Middle Initial: _____

Date of Birth: Month ____ Day ____ Year ____ Social Security #: _____
(Required) (Optional)

Position: _____ Select one: Applying Current Position
 employee consultant volunteer vendor other _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature _____ Date _____

Witness Signature _____ Date _____
(REQUIRED)

Fax to: (603) 271-6875 or Email BEASStateRegistry@dhhs.state.nh.us

**Or Mail to: BEAS State Registry, Concord District Office, 40 Terrill Park Drive,
Concord, NH 03301-3857**

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F:49.**