

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 Swanzy? 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 _____

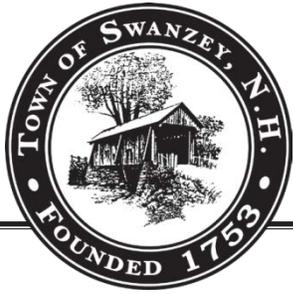
APPLICATION AGREEMENT AND CERTIFICATION

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 _____



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RELEASE FORM-EMPLOYMENT REFERENCES

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____ Date: _____

Former Employer _____

Street Address _____

City _____ State _____ Zip Code _____

Re: Reference for _____

Dear _____,

The above named individual has applied for employment with the Town of Swanzy and has named you as a former employer. In order to make an informed hiring decision, we need to know the applicant's work history. _____ has signed the release above permitting you to provide us with the requested information. Any information that you give will be held in the strictest confidence.

Please verify employment by answering the following questions:

How long was [Applicant] with your company? _____

Please provide all dates of employment: _____

What position(s) were held by [Applicant]? _____

What was the [Applicant's] final rate of pay? _____

Was [Applicant] reliable? _____

Was applicant's work satisfactory? (If no, explain) _____

Why did applicant leave your employ? What was the documented reason for departure?

Would you rehire this person? _____

Any remarks? _____

Information furnished by: _____

Thank you for your cooperation and prompt response.

Sincerely,

Edna Coates
Human Services and Resources
Town Of Swanzey
P.O. Box 10009
Swanzey, NH 03446