

Town of Unity
13 Center Road
Charlestown, NH 03603
603-543-3102

APPLICATION FOR EMPLOYMENT

Personal Information

Name: _____ Date: _____

Present Address: _____

Phone #: _____ Cell #: _____

Employment Desired

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed? _____ If So, May We Inquire Of Your Present Employer? _____

Have You Ever Applied To This Company Before? _____ Where? _____ When? _____

Education History

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School _____			
High School _____			
Trade, Business or Correspondence School _____			

Specialized Skills

___ PC/MAC ___ Typewriter ___ WPM
___ Spreadsheet ___ Word Processing ___ Shorthand ___ WPM

General Information

Type of Driving License: _____ License # _____

U.S. Military: _____ Rank: _____

Former Employers

Date Name & Address of Employer Salary Position Reason for Leaving

References

Name Address & Phone Business Years Known

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes _____ No _____

Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony?

Yes _____ No _____

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized representative. This wavier does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____