



Town of Candia

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to gender, race, color, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please print)

Position(s) Applied For:

Date of Application:

How Did You Learn About Us? /Advertisement /Friend /Walk-In /Employment Agency /Relative /Other \_\_\_\_\_

Last Name First Name Middle Initial

Address - Number & Street City/Town State Zip Code

Telephone Number(s) Social Security Number

If you are under 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/last employer? /Yes /No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? /Yes /No  
(Proof of status will be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work /Full Time /Part Time /Temporary?

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

Have you been convicted of a felony within the last 7 years? /Yes /No

If yes, please explain:

**EDUCATION**

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

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**OTHER QUALIFICATIONS**

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

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**SPECIALIZED SKILLS** Check skills/equipment operated:

PC       Calculator       Typewriter       Fax

List other: \_\_\_\_\_  
\_\_\_\_\_

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

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**REFERENCES**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

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, disabilities, or other protected status.

Employer: \_\_\_\_\_ Dates Employed  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone # \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate/Salary  
Supervisor: \_\_\_\_\_ Start: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone # \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate/Salary  
Supervisor: \_\_\_\_\_ Start: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone # \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate/Salary  
Supervisor: \_\_\_\_\_ Start: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone # \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate/Salary  
Supervisor: \_\_\_\_\_ Start: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Phone # \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate/Salary  
Supervisor: \_\_\_\_\_ Start: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

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

List professional, trade, business, or civic activities and offices held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 an authorized executive of this organization. In the even 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 USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**

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