

Town of Holderness, New Hampshire

1089 US Route 3
Holderness, NH 03245



Application for Employment

Employees of the Town and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, disability or any other basis protected by law.

(Please Print or Type)

PERSONAL

Date:	Name:
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Position applied for:		Department:	
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		Email:	
Street Address:		Cell Phone:	
City:	State:	Zip:	Home Phone:
Days/hours available to work: <input type="checkbox"/> No Pref <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
How many hours can you work weekly? _____ Can you work nights?			
If under 18 years of age, can you provide required proof of your eligibility to work? Yes No			
Are you legally authorized to work in the United States? Yes No			

EDUCATION

Type of School	Name of School	Location (City and State)	# of years Completed	Major & Degree
High School				
Trade School				
College				
Graduate Professional				

EMPLOYMENT HISTORY

*List most recent employer first.

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact your present employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact this employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact this employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

Company:	Your Title:
Address:	Employed from:
City, State, Zip:	Employed to:
May we contact this employer?	
Responsibilities:	
Supervisor's name:	Phone No:
Reason for leaving:	

Did you complete this application yourself Yes No

If not, who did? _____

MILITARY

Have you ever served in the US Armed Forces? Yes No

If yes, what branch? _____

Describe any training received which would be relevant to the position for which you are applying:

REFERENCES

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

DRIVING HISTORY

Do you have a driver's license? Yes No

What is your means of transportation to work? _____

Driver's License number: _____ State of issue: _____

Operator Commercial (CDL) Chauffeur Expiration date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

SPECIFIC SKILLS

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

In exchange for the consideration of my job application by the Town of Holderness (hereinafter called “the Town”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chairman of the Board of Selectmen or Town Administrator. Both the undersigned and the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town from any liability as a result of such contract.

I also understand that (1) the town has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Town may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Town, will provide me additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Town shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Town is terminable at will for any reason by either party.

Signature of Applicant: _____ **Date:** _____