



Employment Application

Town of New Boston

7 Meetinghouse Hill Road

PO Box 250

New Boston, NH 03070

An Equal Opportunity Employer

www.new-boston.nh.us

POSITION APPLIED FOR: _____ SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____
Last First Middle

ADDRESS: _____

APPLICANT TELEPHONE: _____

APPLICANT EMAIL: _____

DATE THAT YOU CAN START WORK: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?
 Yes No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: Yes No If No, Explain Briefly, _____

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other _____			

MILITARY SERVICE: Yes No

Duty/Specialized Training: _____

GENERAL:

Professional Licenses, Certifications or Registrations: _____

Summarize other additional employment, skills, or information regarding this position that you wish to bring to the employer's attention: _____

ACTIVITIES:

Civic, Athletic, Etc. _____

EMPLOYMENT: LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to

Supervisor's Name: _____ Telephone: _____		Reason for leaving

EMPLOYMENT CONTINUED

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: List three personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

In case of accident or illness please contact: Name: _____ Daytime phone: _____
 Address: _____ Relationship: _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWN OF NEW BOSTON, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE TOWN. I UNDERSTAND THAT NO DEPARTMENT HEAD HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT CONTARY TO THE FOREGOING."

I understand and agree to the information shown above:

Signature: _____ Date: _____

Employer Section: _____