



Town of Allenstown
Town Administrator
16 School St.
Allenstown, NH 03275
603-485-4276 ext. 112
admin@allenstownnh.gov

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For _____ Department _____ Date of Application _____

How Did You Learn About Us?

- ☐ Advertisement ☐ Friend ☐ Inquiry ☐ Town Website
☐ Employment Agency ☐ Relative ☐ Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____

Telephone Number(s) _____

Email Address _____

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 _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No
If Yes, state name, relationship and location _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

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.

Date available to work ____/____/____ What is your desired salary range? _____

Are you available to work : ☐ Full Time
☐ Part Time (Please indicate Mornings Afternoon Evenings)
☐ Temporary (Please indicate dates available ____/____-____/____)

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

Can you travel if a job requires it? ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

www.allenstownnh.gov

Education

Name and Address of School	Course of Study	Years Complete	Diploma/ Degree
High School _____ _____	_____	_____	_____
Undergraduate College _____ _____	_____	_____	_____
Graduate/ Professional _____ _____	_____	_____	_____
Other _____ (Specify) _____	_____	_____	_____

Work Experience

Start with you present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer _____				
Address _____				
Telephone Number(s) _____				
Work Performed _____				
Dates Employed From _____ To _____				
Starting/Present Job Title _____				
Hourly Rate/Salary Starting _____ Final _____				
Supervisor _____				
Reason for Leaving _____	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employer _____				
Address _____				
Telephone Number(s) _____				
Work Performed _____				
Dates Employed From _____ To _____				
Starting/Present Job Title _____				
Hourly Rate/Salary Starting _____ Final _____				
Supervisor _____				
Reason for Leaving _____	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employer _____				
Address _____				
Telephone Number(s) _____				
Work Performed _____				
Dates Employed From _____ To _____				
Starting/Present Job Title _____				

Hourly Rate/Salary Starting_____ Final_____

Supervisor_____

Reason for Leaving_____ May We Contact ☐Yes ☐No

Employer_____

Address_____

Telephone Number(s)_____

Work Performed_____

Dates Employed From_____ To_____

Starting/Present Job Title_____

Hourly Rate/Salary Starting_____ Final_____

Supervisor_____

Reason for Leaving_____ May We Contact ☐Yes ☐No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

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

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever been convicted of a crime, Misdemeanor or Felony, in this state or in any other state that has not been annulled by a court?

☐Yes, I have committed a crime.

☐No, I have never committed a crime.

If Yes please list crime(s) convicted of, names and locations.

SPECIALIZED SKILLS

Production/Mobile
Machinery (list)

Other (list)

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ YES

☐ NO

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 event 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)