



## Town of Enfield

23 Main Street, P.O. Box 373  
 Enfield, New Hampshire 03748  
 VOICE/TDD 603-632-5026 \* FAX 603-632-5182  
 EMAIL [townhall@enfield.nh.us](mailto:townhall@enfield.nh.us)

### Application for Employment

Date:		Social Security No.:	
Name (Last Name, First Name, M.I.):			
Address:		City:	State: Zip Code:
E-Mail:		Phone:	

#### Employment Desired:

Position Applying For:		Date You Can Start:	Salary Desired:
What type of work are you looking for? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary <input type="checkbox"/>			
Have you applied to work for the Town of Enfield before? YES <input type="checkbox"/> NO <input type="checkbox"/>		When?	
Have you been employed by the Town of Enfield before? YES <input type="checkbox"/> NO <input type="checkbox"/>		When?	
Are any relatives currently employed by the Town of Enfield? YES <input type="checkbox"/> NO <input type="checkbox"/>		Who?	
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO a work permit will be required.			
Are you authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a crime that has not been annulled by a court of law (including driving while impaired or its equivalent, but excluding minor motor vehicle offenses)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, explain:			
Please note that conviction of a crime is not automatically a bar to employment, and factors such as nature, seriousness, and date of the offense, rehabilitation, and relationship to position will be considered.			

#### Education:

High School – Name and Location:	Number of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Subjects Studied:	
College – Name and Location:	Number of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Subjects Studied / Major:	Degree obtained:
Other Education (Graduate School, Trade School, etc.):	Number of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Subjects Studied / Major:	Degree obtained:

**Employment History:** (List most recent employment first)

Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name and Address of Employer:		Position Held:	
		From:	To:                      Salary:
		Reason for Leaving:	
Name and Address of Employer:		Position Held:	
		From:	To:                      Salary:
		Reason for Leaving:	
Name and Address of Employer:		Position Held:	
		From:	To:                      Salary:
		Reason for Leaving:	

**Other Qualifications:**

In addition to your work history, list other experiences, skills or qualifications you possess that would enhance your candidacy for a position with the Town of Enfield (attach additional pages if needed):

**Professional References:** (Names of individuals not related to you, whom you have known for at least 2 years.)

Name:	Contact information / email address:	Telephone No.:
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Name:	Contact information / email address:	Telephone No.:

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I understand that I have the right to terminate my employment at any time with or without notice, and the Town of Enfield has the same right. I further understand that the Town of Enfield may contact my previous employers, schools or persons listed as references to give any information regarding employment or education. I authorize those employers, schools and references to disclose to the Town of Enfield all records and other information pertinent to my application for employment with the Town of Enfield. I agree that the Town of Enfield, my previous employers, schools and references will not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or other information on this application.

I certify that all of the information that I provide on this application and in any interview will be complete, true and accurate. I understand that if I am employed, and any such information is later found to be incomplete, false or misleading in any respect, I may be discharged.

Signature:	Date:

**Office Use Only**

Interviewed by:		Date:	
Remarks:			
Hired: YES <input type="checkbox"/> NO <input type="checkbox"/>	Report Date:	Wage:	Recommended by:
Position/Department:			Approved by: