
## 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

# Application for Employment

This institution is an equal opportunity provider and employer.

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

Employment Desired:

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| --- | --- | --- |
| Position Applying For:      | Date You Can Start:      | Salary Desired:      |
| What type of work are you looking for? Full Time [ ]  Part Time [ ]  Seasonal/Temporary [ ]   |
| Have you applied to work for the Town of Enfield before? YES [ ]  NO [ ]  | When?      |
| Have you been employed by the Town of Enfield before? YES [ ]  NO [ ]  | When?      |
| Are any relatives currently employed by the Town of Enfield? YES [ ]  NO [ ]  | Who?      |
| Are you 18 years of age or older? YES [ ]  NO [ ]  If NO a work permit will be required. |
| Are you authorized to work in the United States? YES [ ]  NO [ ]   |
| 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 [ ]  NO [ ]  |
| If YES, explain:       |
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|       |
| 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 [ ]  NO [ ]  |
|       | Subjects Studied: |
|       |       |
| College – Name and Location: | Number of Years Completed |  |
|       |       | Did You Graduate? YES [ ]  NO [ ]  |
|       | Subjects Studied / Major: | Degree obtained: |
|       |       |       |
| Other Education (Graduate School, Trade School,  | Number of Years Completed |  |
| etc.):       |       | Did You Graduate? YES [ ]  NO [ ]  |
|       | Subjects Studied / Major: | Degree obtained: |
|       |       |       |

Employment History: (List most recent employment first)

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| --- | --- |
| Are you currently employed? YES [ ]  NO [ ]   | If yes, may we contact your current employer? YES [ ]  NO [ ]   |
| 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:

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

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

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| Interviewed by: | Date: |
| Remarks: |
| Hired: YES ⃞ NO ⃞ | Report Date: | Wage: | Recommended by: |
| Position/Department: | Approved by: |