

Town of Rye 10 Central Road Rye, New Hampshire 03870

APPLICATION FOR EMPLOYMENT

The Town of Rye, New Hampshire is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

Please print all information					
Date					
Position applied	l for				
Date you are ava	ilable to sta	art work			
APPLICANT I					
Name		First		Middle	
Present address	Number	Street	City	State	Zip
Telephone			Ema	ail	
If you are under 1	8 years of a	ge, can you pro	vide required pro	oof of your eligibility to wo	ork?
Have you ever file	ed an applic	ation with us be	efore? If yes, giv	e date	
Do you have the le	egal right to	accept employ	ment in the Unit	ed States? Yes	No
Are you currently	on "lay off	' status and/or s	subject to recall?	YesNo	
Can you travel if a	a job require	es it? Yes	No		

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

If you have ever been convicted of a crime (Felony or misdemeanor) that has not been officially annulled by a court, you must complete the following section. You must give the date, location, nature of crime and disposition *If you leave this space blank, you are certifying that you have no current record of conviction.*

DATE:

LOCATION:

NATURE OF THE CRIME & DISPOSITION: _____

Please Note: Conviction is not an automatic disqualifier for employment. Each case is considered individually. WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# YEARS COMPLETED	DID YOU GRADUATE? MAJOR & DEGREE
High School				
College/University				
Vocational School				

SPECIAL COURSES

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

SPECIAL SKILLS AND QUALIFICATIONS

Do you have any special job-related skills and qualifications acquired from employment or other experience? Please explain below:

EMPLOYMENT EXPERIENCE

If more space is needed, please attach additional pages to this form. Please begin with your current or most recent employer.

May we contact your current employ	ver? Yes No	
1. Employer	Job title	
Address	Phone #	
Dates Employed: From	То	
Supervisor	Reason for leaving	
Work performed		
2. Employer	Job title	
Address	Phone #	
Dates Employed: From	То	
Supervisor	Reason for leaving	
3. Employer	Job title	
Address	Phone #	
Dates Employed: From	То	
Supervisor	Reason for leaving	
Work performed		

4.	Employer	Jo	b title
Addr	ess		Phone #
Dates	Employed: From	То	
Super	rvisor	Reason for leaving	
Work	x performed		
If yo	u have had any job-related t	training in the United States milit	ary, please describe below.
Plea	se list professional, trade,	business or civic activities and	offices held.
	• • •		
SPE	CIAL CERTIFICATION	S:	
Туре	e of Certification		Expires
Туре	e of Certification		Expires
Туре	e of Certification		Expires
REF	FERENCES		
	name, address and telephone oyers.	number of three (3) references who	are not related to you and are not previous

1._____

2._____

3._____

AFFIRMATION

I understand that in order for my application to be considered, the following Affirmation <u>must be checked</u> . I certify the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and discloser, my service may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position.				
Dy enceking here, you are certifying that you	nave read and agreed to the above statement			
Signature of Applicant	Date			
FOR PERSONNEL DE	PARTMENT USE ONLY			
Arrange Interview: Yes No				
Interviewer	Date			
Remarks				
Employed Yes No Date of Employment:				
Job Title	Hourly Rate/Salary			
Department	-			
Authorized signature & title				
Administrator's signature				
NOTES:				