



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 for _____

Date you are available to start work _____

APPLICANT INFORMATION

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone _____ Email _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? If yes, give date. _____

Do you have the legal right to accept employment in the United States? ____ Yes ____ No

Are you currently on "lay off" status and/or subject to recall? ____ Yes ____ No

Can you travel if a job requires 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 employer? Yes _____ No _____

1. Employer _____ Job title _____

Address _____ Phone # _____

Dates Employed: From _____ To _____

Supervisor _____ Reason for leaving _____

Work performed _____

2. Employer _____ Job title _____

Address _____ Phone # _____

Dates Employed: From _____ To _____

Supervisor _____ Reason for leaving _____

Work performed _____

3. Employer _____ Job title _____

Address _____ Phone # _____

Dates Employed: From _____ To _____

Supervisor _____ Reason for leaving _____

Work performed _____

4. Employer _____ Job title _____
Address _____ Phone # _____
Dates Employed: From _____ To _____
Supervisor _____ Reason for leaving _____
Work performed _____

If you have had any job-related training in the United States military, please describe below.

Please list professional, trade, business or civic activities and offices held.

SPECIAL CERTIFICATIONS:

Type of Certification _____ Expires _____

Type of Certification _____ Expires _____

Type of Certification _____ Expires _____

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

AFFIRMATION

I understand that in order for my application to be considered, the following Affirmation must be checked.

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 disclosure, 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.

_____ **By checking here, you are certifying that you have read and agreed to the above statement**

Signature of Applicant _____ **Date** _____

FOR PERSONNEL DEPARTMENT 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: