

Town of Carroll Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Town of Carroll
PO Box 146
Twin Mt, NH 03595

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref. _____ Thur. _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing Yes No _____ WPM
10-key Yes No _____ WPM
Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____
Position _____ Position _____
Company _____ Company _____
Address _____ Address _____
Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The Town of Carroll, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Town of Carroll or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Selectmen of the Town of Carroll. Both the undersigned and The Town of Carroll may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town of Carroll may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Carroll permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Carroll from any liability as a result of such contract.

I also understand that (1) the Town of Carroll has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Town of Carroll may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Town of Carroll will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Town of Carroll shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Town of Carroll is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Town of Carroll is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with The Town of Carroll depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with the Town..

AUTHORIZATION TO RELEASE INFORMATION

I, _____, born in _____,

having filed an application for employment with the TOWN OF CARROLL
Department/Agency

consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm company, corporation, partnership, governmental agency, court, association, medical profession*, medical facility or institution*, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the TOWN OF CARROLL
Person (s)/Agency or any of its agents or representatives.

I hereby release, exonerate and discharge the TOWN OF CARROLL,
Person(s)/Agency its agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, record, reports, or other written information to the said TOWN OF CARROLL
Person(s)/Agency or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant this authorization will not necessarily void my application.

This authority shall continue for one year from the above date, unless sooner revoked by me in writing.

Signature of applicant _____ New Hampshire

County of _____

Personally appeared the above-named _____ before me,
_____, and acknowledged the foregoing to be his/her
Justice of Peace or Notary Public
voluntary act and deed.

*Medical records will not be sought unless and until you have been given a conditional offer of probationary employment.