

## 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<br>(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. \_\_\_\_\_

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

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<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>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.

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>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.

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

**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<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>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.

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>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.

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

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   | <input type="checkbox"/> Yes |                              | <input type="checkbox"/> Yes | Word       | <input type="checkbox"/> Yes |
|          | <input type="checkbox"/> No  | _____ WPM                    | 10-key                       | Processing | <input type="checkbox"/> No  |
|          |                              |                              |                              |            | _____ WPM                    |
| Personal | <input type="checkbox"/> Yes | PC <input type="checkbox"/>  | Other                        |            |                              |
| Computer | <input type="checkbox"/> No  | Mac <input type="checkbox"/> | 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.