



Town of Middleton

182 Kings Highway, Middleton, New Hampshire 03887

OFFICE OF SELECTMEN
(603) 473-2261
FAX: (603) 473-2577

EMPLOYMENT APPLICATION

Section 1. Applicant Information

Last Name _____ First Name _____ M.I. _____
Address _____
Street Town State Zipcode
Daytime Phone _____ Evening Phone _____
SSN _____

Section 2. Emergency Contact

Who should be contacted in case you are involved in an emergency?

Contact

Name _____ Relationship _____

Address _____
Street Town State Zipcode

Daytime Phone _____ Evening Phone _____

Section 3. Job

What position are you applying for? _____

Salary Desired _____ Per _____

Who referred you to us? _____

Have you ever applied for a position here before? Y _____ N _____

If yes, when? _____

Section 4.

Are you at least 18 year of age? Y _____ N _____

Are you legally eligible for employment in the United States? Y _____ N _____

Driver's License # _____ Issuing State _____

Are you willing to work any shift, including nights and weekends? Y_____ N_____

When would you be available to start work if offered a position? _____

Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodations? Y_____ N_____

What reasonable accommodation, if any, would you require?

Have you ever been convicted of any crime, including traffic violation? Y_____ N_____

If yes, please describe. _____

The existence of a criminal record does not constitute automatic bar to employment unless relevant to the type of employment.

Section 5. Employment History & Education

Employer Name _____

Address _____

Job Duties _____

Reason for Leaving _____

Dates of Employment (Month/Year) _____

Employer Name _____

Address _____

Job Duties _____

Reason for Leaving _____

Dates of Employment (Month/Year) _____

Employer Name _____

Address _____

Job Duties _____

Reason for Leaving _____

Dates of Employment (Month/Year) _____

High School Name & Address _____

Last grade completed? _____ Diploma Y _____ N _____

College Name & Address _____

Did you receive a degree? Y _____ N _____ If yes, in
what? _____

Other training , (graduate, technical
vocational): _____

Awards, Honors, Special
Achievements: _____

Other Skills: _____

Section 6. References

Name _____

Address _____

Contact Number _____ How long known? _____

Name _____

Address _____

Contact Number _____ How long known? _____

Name _____

Address _____

Contact Number _____ How long known? _____

Please provide any other information that you believe should be considered. _____

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of any application or if employment commences immediate termination.

I authorize the Town of Middleton, NH to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance and grades. I authorize those persons designated as references to fully and freely communicate information about my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific contract of employment signed on behalf of the Town of Middleton by the Board of Selectmen, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of the Town of Middleton, NH except in a specific written contract of employment signed on behalf of the Town of Middleton, NH by its Board of Selectmen has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATE AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature _____ Date _____