Town of Kingston, NH

Application for Employment

Name:				Date:
Address:				
City:	State:	_ Zip Code:	Number: (_)
Position desired				
	f you have any question as to wha	•		ying? YES ☐ NO ☐ If applying, please ask the interviewer
When would you be	available to begin wo	rk?		
Are you legally eligib	ole to be employed in	the United State	s? YES □ NO □	
(Proof of identity and eligibility wi	ill be required upon employment)			
Are you over the age	e of 18 years? YES □	NO □		
(If no, you may be required to pro	ovide authorization to work.)			
Have you ever worke	ed for the Town of Kin	igston before? Y	ES 🗆 NO 🗆	
If yes, where?	When? (Give date:	s)	Job Title:	
Do you have any rela and where do they w	atives or friends who vork?	work for the Tow	n of Kingston? YES	□ NO □ If yes, who
Have you ever done race, color, religion, age, sex, se	any volunteer work? xual orientation, marital status or c	YES □ NO □ If	yes, describe: (Omit an	ny volunteer work which reflects your
Are you available to please explain:	work: DAYS □ NIGHTS	□ WEEKENDS □	FULL TIME If you	cannot work full time,

Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
То:							
·		mployed? YES		IO 🗆			
	•	ed, why are you					
Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES \square NO \square If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)							

EDUCATION

	Name and Location of School	Course of	No. of Years	Diploma or
	Name and Eccation of School	Study	Completed	Degree Received
High School				
College				
Vocational or Trade School				
Graduate				
Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES □ NO □ If yes, please describe:				
	extracurricular activities,	offices held, etc. in high s	chool or college: (Omit	any which reflects you
EMPLOYMENT Start with your current	or most recent position			
Name of Employer		Telephone Number		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed		Rate of Pay		
From Month/Day/Year	To Month/Day/Year	Beginning	Final	
Describe the Work Perforn	ned	•		

Name of Employer		Telephone Number		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed		Rate of Pay		
From Month/Day/Year	To Month/Day/Year	Beginning	Final	
Describe the Work Performed	1			
Name of Employer		Telephone Number		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed		Rate of Pay		
From Month/Day/Year	To Month/Day/Year	Beginning	Final	
Describe the Work Performed	I			

PERSONAL REFERENCES

Give three references (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
Street	
CityStateZip	
Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
Street	
CityStateZip	
Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
Street	
CityStateZip	

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the Town of Kingston. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed:		
	Do not write below this line	
	RESULTS	
Employed: YES □ NO □		
If Yes, Job Title:	Department	
Date beginning Employment	Compensation \$	per
Interviewed by:	Date:	