Town of Lyndeborough

Office of the Selectmen
9 Citizens' Hall Road Lyndeborough, NH 03082
(603) 654-5955

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.
(Please Print)

Position(s) Applied For:_____ Date of Application:_____

How Did You Learn About the Job?

Advertisement	Friend	Walk-in
___ Employment Agency	Relative	Other _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: Zip Code:_____

Telephone Number:_____ Social Security Number:_____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___YES ___ NO

Have you ever filed an application with the Town of Lyndeborough before? ___YES ___ NO

Have you ever been employed by the Town of Lyndeborough before? ___YES ___ NO

Are you currently employed? ___YES ___ NO

May we contact your present employer? ___YES ___NO

On what date would you be available for work? _____

Are you available to work: ___ Full Time Part Time ___ Temporary

Are you currently on "lay-off" status and subject to recall? ___YES ___NO

Have you been convicted of a felony within the last 7 years? ___YES ___NO
Please Note: Conviction will not necessarily disqualify an applicant from employment.

Education	*Name and Address of School*	*Yrs*	*Degree*
Elementary School:			
High School:			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

_____

_____

Describe any job-related training received in the United States military.

_____

_____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer | Dates Employed | Work Performed

Address | Hourly Rate/Salary

Telephone | Supervisor

Job Title | Reason for Leaving

2. Employer | Dates Employed | Work Performed

Address | Hourly Rate/Salary

Telephone | Supervisor

Job Title | Reason for Leaving

3. Employer | Dates Employed | Work Performed

Address | Hourly Rate/Salary

Telephone | Supervisor

Job Title | Reason for Leaving

List professional, trade, business or civic activities and offices held.

_____

_____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

_____

_____

Specialized Skills

Office Equipment	Production/Machinery/Vehicles	Other
___Computer	_____	_____
___Calculator	_____	_____
___Typewriter	_____	_____
___Facsimile	_____	_____
___Answering Machine	_____	_____
___Dictaphone	_____	_____
___Copier	_____	_____

State any additional information you feel may be helpful to us in considering your application.

_____

_____

After reading the job description for the position you are applying for, do you feel you are capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job? ___ YES ___ NO

References

1. _____ _____
Name Phone #

_____
Address

2. _____ _____
Name Phone #

_____
Address

3. _____ _____
Name Phone #

_____
Address

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not allocations are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization..

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____
Signature of Applicant Date

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AUTHORIZATION TO RELEASE INFORMATION

I, _____, HEREBY REQUEST AND AUTHORIZE THE RELEASE TO THE TOWN OF LYNDEBOROUGH AND ITS AGENTS THE FOLLOWING:

Any and all information they may request through their agents concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition.

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such document, if requested. The information will be used for the purpose of determining my eligibility for employment with the Town.

I hereby release the Town of Lyndeborough, NH and persons providing such information from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the Town.

This release will expire 90 days after the date signed.

_____ _____

Signature of Applicant — Date of Birth

_____ _____

Applicant Name - Printed Clearly — Social Security Number

_____

Date

_____

Signature of Witness

_____ _____

Witness Name - Printed Clearly — Date