



CITY OF SOMERSWORTH, NH

EMPLOYMENT APPLICATION

Submit Application To:
 HUMAN RESOURCES
 1 GOVERNMENT WAY
 SOMERSWORTH, NH 03878
 Phone: (603) 692-9529
 Fax: (603) 692-9571

All information provided by applicants for employment on this application form may be verified for accuracy. Inaccurate information may be grounds for disqualification for, or dismissal from, employment. We offer equal employment opportunity to all persons without regard to race, color, religion, age, gender, national origin, disability, sexual orientation, marital or veteran's status or any other legally protected status.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY/STATE: _____ ZIP: _____ EMAIL: _____

Position Title: _____ Full-time Part-time Temporary/Seasonal

Are you a US citizen? Yes No If not, do you have the legal right to work in the US? Yes No (Visa type _____)

Are you at least 18 years of age? Yes No

Have you ever worked for the City of Somersworth? Yes No If yes, When? _____

Are you currently employed? Yes No If employed, why do you wish to change positions? _____

Type of School	Name/Address	Course/Major	Last Yr Completed	Graduate?	List Degree
High School			9 10 11 12	<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade/Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			5 6 7 8	<input type="checkbox"/> Y <input type="checkbox"/> N	

Provide additional information such as special skills, equipment operation, languages, supervisory experience, training or other qualifications helpful to us in considering you for this position.

List volunteer experience you have as it relates to this position.

Agency Name _____ From _____ To _____

Address _____ Hours per week _____

Duties _____

Have you ever been convicted of any violation of the law (misdemeanor or felony) that has not been officially annulled? Yes No If yes, state date, place and nature of conviction (a conviction will not necessarily disqualify an applicant from employment, as each case is considered individually) _____

PLEASE ANSWER IF JOB REQUIREMENT:

Valid Motor Vehicle Operator's License? Yes No What State? _____

Do you possess a Commercial Driver's License? Yes No Type? _____ What State? _____

List other valid licenses, registrations or certificates you possess _____

PRIOR WORK RECORD (start with most recent or current employer and work back at least **ten years**). Resumes may be attached, **but not in lieu of completing this section**. Incomplete employment history and/or statements such as "refer to resume" will be cause for disqualification. If more space is needed, please complete and attach a separate page.

Application must be signed and dated below to be considered valid and complete.

Current Employer _____ From _____ To _____ Avg. Hrs./Week _____
Address _____ Starting Salary _____ Ending _____
Supervisor (Name/Position) _____ Tel. # _____ May we contact? Yes No
Job Title _____ Duties _____

Reason for leaving _____

Previous Employer _____ From _____ To _____ Avg. Hrs./Week _____
Address _____ Starting Salary _____ Ending _____
Supervisor (Name/Position) _____ Tel. # _____ May we contact? Yes No
Job Title _____ Duties _____

Reason for leaving _____

Previous Employer _____ From _____ To _____ Avg. Hrs./Week _____
Address _____ Starting Salary _____ Ending _____
Supervisor (Name/Position) _____ Tel. # _____ May we contact? Yes No
Job Title _____ Duties _____

Reason for leaving _____

Have you ever been discharged or asked to resign from any job? Yes ___ No ___ Explain _____

APPLICATION AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Somersworth and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Somersworth retains the same right.

I understand that prior to being offered employment with the City of Somersworth, I may be requested to take pre-employment exams and/or tests. In the event I have a disability which will affect my ability to take the test, I will so inform the City of Somersworth prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City of Somersworth reserves the right to require medical documentation concern-ing the need for the accommodation. I understand that if employed, policies and rules which are issued are not conditions of employment and that the City of Somersworth may revise policies or procedures, in whole or part, at any time.

SIGNATURE _____ DATE _____

City of Somersworth
Human Resources
1 Government Way
Somersworth, NH 03878

RELEASE FORM-EMPLOYMENT REFERENCES

Date: _____

Name: _____

Address: _____

I authorize my current and/or previous employer/s to furnish the City of Somersworth the information requested in the reference check that they may conduct. I further promise to hold said current and/or previous employers, its employees and officers harmless for any statements made herein.

Signature _____

Social Security number _____

Please check:
(if No, please provide explanation)

Yes I authorize the City of Somersworth to contact my former employer(s) to obtain data necessary to support this application.

No _____

Yes I authorize the City of Somersworth to contact my present employer to obtain data necessary to support this application.

No _____

Applicants for summer temporary employment, or no job experience at all, must provide the names of two personal references whom we may contact regarding you (e.g., teachers, guidance counselors, or others):

Name _____
Position _____
Employed by _____
Phone # _____

Name _____
Position _____
Employed by _____
Phone # _____