



**APPLICATION FOR EMPLOYMENT**  
**City of Somersworth, New Hampshire**  
**Human Resources Office**  
**One Government Way**  
**Somersworth, NH 03878**

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 discrimination as to age, marital status, race, color, creed, national origin, sex, political affiliation, religion, mental disability, physical disability, sexual orientation, gender identity, veteran's status or any other legally protected status.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Position applied for: \_\_\_\_\_  Full-time  Part-time  Seasonal

How did you hear about this position? \_\_\_\_\_

Date you are available to work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you currently employed?  Yes  No

Do you have the legal right to work in the US?  Yes  No

Are you at least 18 years of age?  Yes  No

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

Do you have relatives or friends currently working for the City of Somersworth?  Yes  No If yes, please list names? \_\_\_\_\_

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 ONLY 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 \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Please list at least last **ten (10) years** of employment experience/work history, starting with your present or last job. **THIS SECTION MUST BE COMPLETED. DO NOT INDICATE "SEE RESUME"**. Resumes may be attached, but not in lieu of completing this section. If more space is needed, please complete and attach a separate page.

Employer:	Date Employed From:	Date Employed To:
Address:	Starting Salary:	Ending Salary:
Supervisor's Name/Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title:
Responsibilities:		
Reason for Leaving:		

Employer:	Date Employed From:	Date Employed To:
Address:	Starting Salary:	Ending Salary:
Supervisor's Name/Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title:
Responsibilities:		
Reason for Leaving:		

Employer:	Date Employed From:	Date Employed To:
Address:	Starting Salary:	Ending Salary:
Supervisor's Name/Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title:
Responsibilities:		
Reason for Leaving:		

Have you ever been discharged or asked to resign from any job? Yes No Explain: \_\_\_\_\_

**EDUCATION/SKILLS**

Type of School	Name/Address	Course/Major	Yrs Completed	Graduate	List Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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. \_\_\_\_\_

**PROFESSIONAL REFERENCES (Personal References if no work history)**

Name and Occupation	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICATION AGREEMENT AND CERTIFICATION**

In submitting this employment application in order to be considered for a position with the City of Somersworth, I hereby certify that the information provided herein, attached to/enclosed with this employment application and/or supplied by me throughout the application process is accurate and complete, to the best of my knowledge, as of the date of my signature provided below. I certify that I am authorized to work lawfully in the United States for the City of Somersworth. I further certify that I have made no willful misrepresentations or omissions of material fact in the information provided by and/or statements made by me throughout the application process. I authorize the City of Somersworth and/or its authorized agent(s) to investigate all information provided by me in this employment application, attachments to/enclosures with this employment application, and supplied by me throughout the application process as may be deemed necessary in arriving at an employment decision. I further authorize the City of Somersworth and/or its

authorized agent(s) to investigate my employment history, personal background, driving record, my financial and credit record as the City of Somersworth, in its sole discretion, deems necessary in order to make an employment decision. I understand that should an investigation at any time disclose any misrepresentation, omissions, and/or falsifications as stated herein, upon any other employment-related form or made during an interview(s), my application for employment will be rejected. I further understand that if I should be employed by the City of Somersworth at the time of such investigation and disclosure, my employment with the City of Somersworth may be immediately terminated.

I understand the City of Somersworth requires all individuals being considered for employment submit to a pre-employment physical and drug/alcohol screening following issuance of a conditional job offer. 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 concerning the need for the accommodation.

I understand that if I am employed with the City of Somersworth, I am required to become familiar with and abide by all rules, regulations, policies, and procedures of the City of Somersworth as established and amended from time to time. I understand the rules, regulations, policies, and procedures do not constitute a contract. I understand and acknowledge that, unless otherwise defined or required by applicable law, any employment relationship established with the City of Somersworth is of an “at will” nature, which means that the employee may resign at any time and the City of Somersworth may discharge the employee at any time with or without cause. I further understand that this “at will” employment relationship may not be changed by any written instrument or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the City of Somersworth.

**By checking this box, I am certifying that I have read, understand and agree with the statements above.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_