

TOWN OF LONDONDERRY EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

| APPLICANT INFORMATION (PLEASE PRINT) | | | |
|---|------------------------------|---|---|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain |
| (Conviction will not necessarily disqualify an applicant from employment.) | | | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | | |
| Are you currently employed? | | May we contact your present employer? | |
| When would you be available for work? | | Are you available to work full-time or part-time? | |

| EDUCATION | | | |
|------------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES | |
|---|---------------|
| <i>Please list three professional references.</i> | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

| PREVIOUS EMPLOYMENT | | | |
|---|--------------------|--------------------|--|
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| DISCLAIMER AND SIGNATURE (APPLICANT'S STATEMENT) | |
|--|------|
| <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an <i>at will</i> employment relationship with or without cause. It is further understood that this <i>at will</i> 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.</p> <p>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.</p> | |
| Signature | Date |