Employment Application

Town of New Boston

7 Meetinghouse Hill Road
PO Box 250
New Boston, NH 03070
(603) 487-2500

www.newbostonnh.gov

An Equal Opportunity Employer

POSITION APPLIED FOR: _____ SOCIAL SECURITY NUMBER: _____

YOUR NAME: _____ _____ _____
Last First Middle

ADDRESS:

_____

_____

_____

APPLICANT TELEPHONE: _____

APPLICANT EMAIL: _____

DATE THAT YOU CAN START WORK: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?
(If yes, verification will be required.)
☐ Yes ☐ No

I AM SEEKING A PERMANENT POSITION: ☐ Yes ☐ No

If No, Explain Briefly, _____

EDUCATION:		Yrs. Completed	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Other				

MILITARY SERVICE: ☐ Yes ☐ No

Duty/Specialized Training: _____

GENERAL:

Professional Licenses, Certifications or Registrations: _____

Summarize other additional employment, skills , or informtion
regarding this position that you wish to bring to the employer's attention: _____

ACTIVITIES:
Civic, Athletic, Etc. _____

EMPLOYMENT: LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: Telephone:	

EMPLOYMENT CONTINUED

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
		Reason for leaving
	Supervisor's Name: Telephone:	

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		Reason for leaving
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Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES: List three personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
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In case of accident or illness please contact: Name: _____ Daytime phone: _____
Address: Relationship:

"I CERITIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OBMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWN OF NEW BOSTON, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE TOWN. I UNDERSTAND THAT NO DEPARTMENT HEAD HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT CONTARY TO THE FOREGOING."

I understand and agree to the information shown above:

Signature: Date:

Employer Section: