



Town of Newbury

937 Route 103 * P.O. Box 296 * Newbury, NH 03255

Phone: (603) 763-4940 * Fax: (603) 763-5298

EMPLOYMENT APPLICATION

DATE:

LAST NAME:		FIRST NAME:		
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE:		EMAIL ADDRESS:		
POSITION APPLYING FOR:				
<u>EDUCATION</u>				
EDUCATION LEVEL:		DEGREE:		
	<i>Name & Location of School</i>	<i>Number of years attended</i>	<i>Degree type</i>	<i>Subjects Studied</i>
High School				
College				
Other				
<u>EXPERIENCE</u>				
<i>How long were you employed (years/months)?</i>	<i>Employer Name & Address</i>	<i>Position</i>	<i>Reason for leaving</i>	

1. ___ Yes ___ No Over the age 18 years?
2. ___ Yes ___ No Are you legally able to accept employment in the United States?
3. ___ Yes ___ No A licensed driver? (answer only if position requires a driver's license or CDL)

4. _____ Yes _____ No A previous employee of the Town? Dates of previous employment:
From _____ To _____

5. _____ Yes _____ No Have you ever been convicted of a felony? If yes, give date, charge,
and disposition: _____

SPECIAL SKILLS/LICENSES

Type: _____	License number: _____
	Expiration date: _____
List any other skills you have that will be beneficial in the performance of the position for which you are applying:	

REFERENCES

<i>Name</i>	<i>Company name</i>	<i>Address (City/State)</i>	<i>Telephone</i>	<i>Years Known</i>

CERTIFICATION/AUTHORIZATIONS

I certify that the information contained in this application and in any accompanying supplemental materials provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentations made by me on this application, or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Newbury to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. I understand that refusal to grant this authorization will not necessarily void my application. If employed by the Town of Newbury, I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Newbury to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Newbury may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in this screening process shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Newbury.

Applicant Signature

Date

_____ *Resume and/or letters of reference also included.*

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, PREGNANCY, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL, VETERAN OR ANY OTHER LEGALLY PROTECTED STATUS.