



# Town of Goffstown

TOWN OFFICES  
 16 Main Street  
 Goffstown, NH 03045  
 TEL. (603) 497-8990 FAX (603) 497-8993

## EMPLOYMENT APPLICATION

Candidates will receive consideration without discrimination due to race, creed, religion, color, sex, age, national origin, disability or veteran status.

PLEASE PRINT CLEARLY

<b>P E R S O N A L</b>	LAST NAME, FIRST NAME M.I.			DATE
	STREET ADDRESS			HOME TELEPHONE
	CITY, STATE ZIP			BUSINESS TELEPHONE
	HAVE YOU APPLIED FOR A POSITION WITH THE TOWN OF GOFFSTOWN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH AND YEAR _____ DEPT. _____			EMAIL ADDRESS
	POSITION DESIRED			PAY EXPECTED
	ARE YOU APPLYING FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	PART-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	EITHER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN CAN YOU BEGIN WORK?
	OTHER ABILITIES, INTERESTS, HOBBIES, ETC. YOU FEEL ARE RELEVANT TO THIS APPLICATION:			
CERTIFICATIONS/LICENSES:				

<b>E D U C A T I O N</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	GRADUATE					
	COLLEGE					
	BUSINESS/TRADE/ TECHNICAL					
	HIGH SCHOOL					

<b>E M P L O Y M E N T</b>	1. COMPANY NAME (present or most current first)			TELEPHONE
	ADDRESS			EMPLOYED - MONTH AND YEAR FROM TO
	NAME OF SUPERVISOR			WEEKLY PAY START LAST
	JOB TITLE AND WORK DESCRIPTION			REASON FOR LEAVING
	2. COMPANY NAME			TELEPHONE
	ADDRESS			EMPLOYED - MONTH AND YEAR FROM TO
	NAME OF SUPERVISOR			WEEKLY PAY START LAST
	JOB TITLE AND WORK DESCRIPTION			REASON FOR LEAVING

<b>E M P L O Y M E N T</b>	3. COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED - MONTH AND YEAR FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	JOB TITLE AND WORK DESCRIPTION	REASON FOR LEAVING
	4. COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED - MONTH AND YEAR FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	JOB TITLE AND WORK DESCRIPTION	REASON FOR LEAVING

<b>M I L I T A R Y</b>	BRANCH	RANK	JOB TITLE	DATES	TYPE OF DISCHARGE

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.  
DO NOT CONTACT EMPLOYER NO.(S) \_\_\_\_\_ REASON: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES WHICH HAVE NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT?  YES  NO IF YES, EXPLAIN IN DETAIL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION GIVEN IN MY RESUME AND APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. IF YOU DECIDE TO REQUEST A REFERENCE OR A COPY OF PERSONNEL FILE FROM A PRIOR OR CURRENT EMPLOYER. I AUTHORIZE THEM TO RELEASE THAT INFORMATION. THE TOWN WILL NOT REQUEST THAT INFORMATION FROM EMPLOYERS WHOM YOU REQUEST WE NOT CONTACT. IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.  
DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_