

Town of Alton



Board of Selectmen
PO Box 659
Phone 603-875-2161

Town Administrator
1 Monument Sq. Alton NH 03809
Fax 603-875-0207 TDD 603-875-0111

EMPLOYMENT APPLICATION

Date _____

Name _____
First Middle Last

Mailing Address _____
Residential Address _____
Daytime Telephone _____ Evening Telephone _____
Cell Phone _____ Email Address _____

Position Desired _____ Salary Desired _____

Work Availability (Check as applicable)

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Days |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> Overtime | <input type="checkbox"/> Preferences _____ |

Certifications, Special Skills, Training, Licenses

Memberships in Professional Associations or Civic Organizations

Hobbies and other activities

United States Citizenship

- Yes No Legally Registered Alien (documentation required)

Military Service

- Check if applicable Branch of Service _____
Dates of Service _____ Rank Held _____
Discharge Status Honorable Dishonorable

Person to notify in the event of an emergency (Name, Address and Contact Information)

Education

College

School Name and Address _____
Subject(s) Studied _____
Dates Attended _____
Graduate Yes No Degree(s) _____

High School

School Name and Address _____
Subject(s) Studied _____
Dates Attended _____
Graduate Yes No GED

Other

School Name and Address _____
Subject(s) Studied _____
Dates Attended _____
Graduate Yes No Degree(s) _____

Employment History (Begin with most current or recent employer)

Company Name: _____
Address _____
Telephone _____ Supervisor's Name _____
Title & Job Description _____
Start Date _____ Starting Pay _____ End Date _____ End Pay _____
Reason for leaving _____
May we contact this employer Yes No

Company Name: _____
Address _____
Telephone _____ Supervisor's Name _____
Title & Job Description _____
Start Date _____ Starting Pay _____ End Date _____ End Pay _____
Reason for leaving _____
May we contact this employer Yes No

Company Name: _____
Address _____
Telephone _____ Supervisor's Name _____
Title & Job Description _____
Start Date _____ Starting Pay _____ End Date _____ End Pay _____
Reason for leaving _____
May we contact this employer Yes No

Company Name: _____
Address _____
Telephone _____ Supervisor's Name _____
Title & Job Description _____
Start Date _____ Starting Pay _____ End Date _____ End Pay _____
Reason for leaving _____
May we contact this employer Yes No

Personal References (other than employers or relatives)

Name _____
Address _____
Telephone: Day _____ Evening _____ Cell _____
Relationship _____

Name _____
Address _____
Telephone: Day _____ Evening _____ Cell _____
Relationship _____

Name _____
Address _____
Telephone: Day _____ Evening _____ Cell _____
Relationship _____

Have you ever been convicted of a crime within the past five (5) years?

No
 Yes, identify the type of crime, date of conviction, sentence imposed and any other pertinent facts:

Other information you would like to add to this application to help us consider you for employment

"I certify that the information provided on this application is true, correct and complete to the best of my ability. I understand that any falsification or omission of fact may result in my dismissal if I am hired."

Applicant's Signature _____

The Town of Alton is an Equal Opportunity Employer. Qualified job applicants will receive consideration without discrimination because of age, race, sex, color, creed, national origin, religious beliefs, marital status or disability.