

# Town of Rye 10 Central Road Rye, New Hampshire 03870

# APPLICATION FOR EMPLOYMENT

The Town of Rye, New Hampshire is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

	Ple	ase print all ir	formation	
Date		_		
Position applied for				
Date you are availal	ole to start work _			
APPLICANT INFO				
Name	First		Middle	6
Present address				
Num	ber Street	City	State	Zip
Telephone		En	ail	
If you are under 18 year	ırs of age, can you pro	vide required pr	oof of your eligibility to work?	
Have you ever filed an	application with us be	efore? If yes, gi	ve date	7.5.7.7.7.5.8.3.4.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8
Do you have the legal	right to accept employ	ment in the Uni	ted States? Yes	_No
Are you currently on "	lay off status and/or su	abject to recall?	YesNo	
Can you travel if a job	requires it?Yes	No		

# HAVE YOU EVER BEEN CONVICTED OF A CRIME?

If you have ever been convicted of a crime (Felony or misdemeanor) that has not been officially annulled by a court, you must complete the following section. You must give the date, location, nature of crime and disposition *If you leave this space blank, you are certifying that you have no current record of conviction.* 

DATE:	
LOCATION:	
NATURE OF TH	HE CRIME & DISPOSITION:
individually. W	Conviction is not an automatic disqualifier for employment. Each case is considered VILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL R REJECTION OF YOUR APPLICATION.

### **EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# YEARS	DID YOU GRADUATE?
			COMPLETED	MAJOR & DEGREE
High School				
College/University				
Vocational School				

### **SPECIAL COURSES**

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

# SPECIAL SKILLS AND QUALIFICATIONS

Do you have any special job-related skills and qualifications acquired from employment or other experience? Please explain below:

# EMPLOYMENT EXPERIENCE

If more space is needed, please attach additional pages to this form. Please begin with your current or most recent employer.

May we contact your current employer? Yes No			
1.	Employer	Job title	
Addr	ess	Phone #	
Dates	s Employed: From	To	
Super	rvisor	Reason for leaving	
Work	c performed		
2.	Employer	Job title	
Addr	ress	Phone #	
Dates	s Employed: From	To	<u></u>
Supe	rvisor	Reason for leaving	110
Work	c performed		
3.	Employer	Job title	
Addr		Phone #	
	s Employed: From	То	
		Reason for leaving	
-			
	•	4	

4.	Employer	Job title	
Addre	ess	Phone #	
Dates	Employed: From	То	
Superv	visor	Reason for leaving	
Work	performed		
,			
6 <b>F</b>			
If you	ı have had any job-related tra	ining in the United States military, please describe below.	
So <del>rt 100 1</del>			
4			
Pleas	se list professional, trade, bu	usiness or civic activities and offices held.	
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			eš.
CDE 4			9
SPEC	CIAL CERTIFICATIONS:		
Type	of Certification	Expires	
Туре	of Certification	Expires	
Туре	of Certification	Expires	
DEE	ERENCES		
Give		mber of three (3) references who are not related to you and are not pro-	revious
1			
2			
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3			

Town of Rye Application for Employment *Revised April 2009* 

#### **AFFIRMATION**

I understand that in order for my application to be considered, the following Affirmation must be checked.

I certify the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and discloser, my service may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position.

By checking here, you are certifying that you	have read and agreed to the above statement
Signature of Applicant	Date
FOR PERSONNEL DE	PARTMENT USE ONLY
Arrange Interview: Yes No	
Interviewer	Date
Remarks	
Employed Yes No Date of Employment: _	
Job Title	
Department	
Authorized signature & title	
Administrator's signature	
NOTES:	