



Application for Employment

NOTE: If you will require special accommodations in order to apply for this position, please notify the Human Resources Department at: hr@claremontnh.com

Please Print (in blue or black ink) or Type

Date: _____ Name: _____

PERSONAL

Positions(s) applied for: _____

Availability: Full-time _____ Part-time _____ Seasonal _____

Full Name: _____ Social Security # (Optional): _____

Street Address: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Have you ever been employed with us before? Yes _____ (if yes, provide details below ↓) No _____

Title of position held: _____ Termination Date: _____

Reason for leaving: _____

Are you a retired or disabled retiree of the New Hampshire Retirement System _____ YES _____ NO

List any relative(s) who currently work for the City of Claremont:

Name: _____ Department: _____ Relationship: _____

Name: _____ Department: _____ Relationship: _____

List any relative(s) who currently sit on the City of Claremont's City Council:

Name: _____ Department: _____ Relationship: _____

Name: _____ Department: _____ Relationship: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

If no, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act?

Yes _____ No _____

EDUCATION

Did you receive a high school Diploma or HiSET? Yes _____ No _____

Highest grade completed: 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ College: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___

School (Name, City, State)	Dates	Degree	Major/Minor
High School	From: _____ To: _____	_____	_____
Undergraduate College/University	From: _____ To: _____ From: _____	_____	_____



School (name, city, state) Dates Degree Major/Minor

From: _____

To: _____

Graduate/Professional College/University

From: _____

Other Education i.e. Technical, Business

To: _____

MILITARY

Have you ever served in the U.S. Armed Forces? Yes ___ No ___

If yes, what branch? _____

Type of discharge? _____

Describe any training received which would be relevant to the position you are applying: _____

SPECIAL SKILLS

List technical/professional licenses or certification you hold: _____

List office machines, heavy equipment, vehicles and other machinery you can operate: _____

Indicate any specialized training you have received: _____

DRIVING HISTORY (USE ADDITIONAL SHEETS AS NECESSARY)

List ALL presently unexpired motor vehicle operator's licenses you hold:

License# _____ Issuing State: _____ Expires: _____ Type: _____

License# _____ Issuing State: _____ Expires: _____ Type: _____

Date of Birth: _____ (Necessary to conduct motor vehicle records check.)

Provide complete motor vehicle accident record for past 7 years

Dates Nature of Accident (head-on, rear-end, etc.)

Last Accident _____

Next previous _____

Next Previous _____

Indicate ALL traffic convictions during the past 7 years (other than parking violations) and dates of ALL license suspensions or forfeitures during the past 7 years

Location Date Description



EMPLOYMENT HISTORY

(List most recent employer first. Please account for any gaps in employment record.)

Company: _____ Your Title: _____

Street Address: _____ Employed From: _____

City, State, Zip: _____ Employed To: _____

May we contact your present employer? Yes _____ No _____ Salary or Rate of Pay: Starting _____ Per _____ Ending _____ Per _____

Responsibilities: _____

Supervisor's Name: _____ Phone _____

Reason for leaving: _____

Company: _____ Your Title: _____

Street Address: _____ Employed From: _____

City, State, Zip: _____ Employed To: _____

May we contact your present employer? Yes _____ No _____ Salary or Rate of Pay: Starting _____ Per _____ Ending _____ Per _____

Responsibilities: _____

Supervisor's Name: _____ Phone _____

Reason for leaving: _____

Company: _____ Your Title: _____

Street Address: _____ Employed From: _____

City, State, Zip: _____ Employed To: _____

May we contact your present employer? Yes _____ No _____ Salary or Rate of Pay: Starting _____ Per _____ Ending _____ Per _____

Responsibilities: _____

Supervisor's Name: _____ Phone _____

Reason for leaving: _____

Company: _____ Your Title: _____

Street Address: _____ Employed From: _____

City, State, Zip: _____ Employed To: _____

May we contact your present employer? Yes _____ No _____ Salary or Rate of Pay: Starting _____ Per _____ Ending _____ Per _____

Responsibilities: _____

Supervisor's Name: _____ Phone _____

Reason for leaving: _____



REFERENCES (LIST 3 PROFESSIONAL REFERENCES)

Table with 4 columns: Name & Occupation, Address, Phone, Relationship. Includes three rows of blank lines for entry.

MISCELLANEOUS ADDITIONAL INFORMATION

Have you ever applied for a position with us before? Yes_____ No_____
If yes, give date and the position:_____
Use this space for further information you think would help us evaluate your application_____

APPLICANT'S STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I authorize the City of Claremont to obtain any information from schools, residential management agents, employers, criminal justice agencies (including FBI*) or individuals relating to my activities. This information may include but is not limited to academics, residential, achievements, performance, attendance, personal history, disciplinary, arrest and convictions records (both juvenile and adult). Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documentation supplied to me, if any) to provide the City of Claremont any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the City of Claremont's use only.

In submitting this application for consideration and as indicated by my signature below, I hereby certify that all responses provided herein and throughout the application process are true and complete to the best of my knowledge. I authorize the City of Claremont and/or its authorized agent(s) to investigate my personal and employment history and financial and credit record. I further authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I understand that should an investigation at any time disclose any misrepresentations and/or falsifications as stated herein, upon any other employment-related forms or made during an interview(s), my application will be rejected and should I become or already be employed with the City of Claremont, my employment may be terminated.

I understand that if I am employed by the City of Claremont, I am required to become familiar with and abide by all rules and regulations of the City of Claremont as established and amended from time to time. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship established with the City of Claremont is of an "at will" nature, which means that the employee may resign at any time and the City of Claremont may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written instrument or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the City of Claremont.

I release any individual, including record custodians, from any and all liabilities for damages of whatever kind or nature which may, at any time happen to me as a result of compliance, or any attempts to comply with this authorization.

*§ 16.34 Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order No. 2258-99, 64 FR 52226, Sept. 28, 1999]

Applicant's Signature _____ Date _____