



64 Court Street
Laconia, NH 03246

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Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, physical or mental disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> County Website	
Last Name:		First Name:	Middle Name:
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s):			
Email Address:			

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

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Have you any relatives working for us? Yes No
If Yes, give name, Relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Can you work overtime including weekends? Yes No

Have you ever been convicted of or pleaded no contest to a crime which was not annulled by a court? Yes No

If Yes, when and explain the circumstances (this does not automatically exclude you from consideration for employment): _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

List any certificate and/or license you carry with expiration date and State (if applicable) in which held.

License # _____ Expiration Date _____ State _____
 License # _____ Expiration Date _____ State _____
 CPR Certificate Expiration Date _____
 IV Certificate Expiration Date _____

Describe any specialized training, apprenticeship that would enhance your ability to perform the position applied for.

Employment Experience

Start with your present or last job and include the last 10 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer (Present/Last Job)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2. Employer (First Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer (Second Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer (Third Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment, education, or other experience:

Specialized Skills - Check Skills/Equipment Operated

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft Access | <input type="checkbox"/> Other (list): |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Spreadsheet Programs | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Excel <input type="checkbox"/> Lotus 1-2-3 | _____ |
| <input type="checkbox"/> Copier | <input type="checkbox"/> Word Processing Programs | _____ |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Word <input type="checkbox"/> WordPerfect | _____ |

State any additional information you feel may be helpful to us in considering your application.

References (Persons not related to applicant)

- | | |
|-----------|---------------|
| 1. (Name) | (Telephone #) |
| (Address) | |
| 2. (Name) | (Telephone #) |
| (Address) | |
| 3. (Name) | (Telephone #) |
| (Address) | |

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? A review of the activities involved in such a job or occupation has been given.

YES NO

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered only for the specific position being applied for at the time of recruitment. Any applicant wishing to be considered for employment beyond this specific recruitment process must submit a separate application for employment as required in the position announcement.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Applicant's Agreement

I hereby grant permission for Belknap County to investigate my references and to secure additional information about me as it relates to the position I am applying for and release said County and its authorized representative from any and all liability resulting from such investigation as well as all other persons, corporations or organizations for furnishing such information.

Signature of Applicant

Date