



Finance Department

10 Grandview Road
Bow, NH 03304

Application for Employment

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Please Print (in blue or black ink) or Type

Date:	Name:		
PERSONAL			
Position(s) applied for:			
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			
Full Name:		Social Security # (Optional):	
Street Address:		Home Phone: ()	
Mailing Address:		Work Phone: ()	
City:	State:	Zip:	
Have you ever been employed with us before? <input type="checkbox"/> NO			
<input type="checkbox"/> YES (if yes, provide details here↓)			
Title of position held:		Termination Date:	
Reasons for leaving:			
List any relative who currently works for the Town of Bow:			
Name	Department	Relationship	
If you are under 18 years of age, can you Provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION			
Did you receive a high school diploma or GED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Highest grade complete:		College:	
School (name, city, state)	Dates	Degree	Major/Minor
High School	From: To:		
Undergraduate College/University	From: To:		
Graduate/Professional College/University	From: To:		
Other Education i.e. Technical, Business	From: To:		

MILITARY

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

If yes, what branch?

Type of discharge? Rank at discharge:

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

SPECIAL SKILLS

List technical / professional licenses or certifications you hold:

List office machines and other equipment you can operate:

Indicate any specialized training you have received:

DRIVING HISTORY (use additional sheets as necessary)

List specialized vehicles that you can operate:

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

License #: Issuing State: Expires: Type:

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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

CRIMINAL HISTORY

Have you ever been arrested for or convicted of a crime that has not been annulled by a court? No Yes

If yes, explain fully (Conviction will not automatically disqualify you from employment).

(use additional sheets if necessary)

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 This employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary or Rate of Pay	Starting: Ending:	Per Per	
Responsibilities:					
Supervisor's name:		Phone No.:			
Reason for leaving:					
Company:		Your Title:			
Street Address:		Employed From:			
City, State, Zip:		Employed To:			
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary or Rate of Pay	Starting: Ending:	Per Per	
Responsibilities:					
Supervisor's name:		Phone No.:			
Reason for leaving:					
Company:		Your Title:			
Street Address:		Employed From:			
City, State, Zip:		Employed To:			
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary or Rate of Pay	Starting: Ending:	Per Per	
Responsibilities:					
Supervisor's name:		Phone No.:			
Reason for leaving:					
Company:		Your Title:			
Street Address:		Employed From:			
City, State, Zip:		Employed To:			
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salary or Rate of Pay	Starting: Ending:	Per Per	
Responsibilities:					
Supervisor's name:		Phone No.:			
Reason for leaving:					

If needed, please attach additional sheets to include additional employment

REFERENCES (list 3 professional references)			
Name & Occupation	Address	Phone	Relationship
MISCELLANEOUS ADDITIONAL INFORMATION			
Have you ever applied for a position with us before? If yes, give date and the position:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 Town of Bow to obtain any information from schools, residential management agents, employers, criminal justice agencies 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 Town of Bow any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the Town of Bow'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 Town of Bow 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 Town of Bow, my employment may be terminated.

I **understand** that if I am employed by the Town of Bow, I am required to become familiar with and abide by all rules and regulations of the Town of Bow 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 Town of Bow is of an "at will" nature, which means that the employee may resign at any time and the Town of Bow 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 Town of Bow.

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.

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 the box below, you are certifying that you have read and agreed to the above statement.*

ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE

*Digital Signature (type full name and check agree) <input type="checkbox"/> I agree	Date (enter today's date)
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