PLEASE COMPLETE THIS SECTION FIRST Name:			Home Phone	FOR OFFICIAL USE ONLY Certification Information		
(Last)	(First)	(Middle)	Work Phone/Cell	Class Code Generic Title Position Title Reviewed by		
(Stat	e) (Zip)			Agency Accepted / Rejected Date Reason In-House Posting? Yes No		
Email Address:				_		
Position for which you a	Be sure you have fille	APPLICATION FOR Please print neatly or d in the identifying inf write in the space marke	type application formation at the top o ed "For Official Use On	nly"		
·	ne): full-time FT part-t					
If the position requires a	license or special certification	, please complete the fo	ollowing:			
Type of License or Certi	ficateLice	ense/Certificate #		Expiration Date:		
DO YOU HAVE THE L	EGAL RIGHT TO ACCEPT	EMPLOYMENT IN TH	HE UNITED STATES	? Yes No		
Are you at least 18 years	of age? Yes No	_Have you been employ	yed by this Town befor	re? Yes No		
If ves when		In wha	t nosition?			

What was your reason for leaving?									
HAVE YOU EVER BEEN CONVICTED OF A CRIM (Conviction is not an automatic bar to employment. Eanature of the crime. Indicate whether conviction was a	ach case is considered o	n its individ							n and
LACK OF EXPLANATION OR FAILURE TO COM	PLETE THIS SECTIO	N WILL BE	Ξ A Β	ASIS FO	R REJEC	CTION OF	YOUR AP	'PLICA'	TION.
	EDUCA'	FION							
Please indicate the highest school grade completed:	EDUCA:		11	12 or	G.E.D.	13 14	15 16	17	18
Are there any specialized courses you have taken which	ch should be considered	with this ap	pplicat	tion? Ple	ase expla	in below:			
College, Business, Trade School, Other Education.									
TRANSCRIPTS MUST BE SUBMITTED IF POSITI	ON REQUIRES POST	SECONDA	ARY E	DUCAT	ΓΙΟΝ				
(ph	notocopies accepted for	certification	n purp	oses)					
Name of School	Major					Deg	ree or Certi	ficate E	Earned

REFERENCES:
Give Name, Address and Telephone Number of three references who are not related to you and are not previous employers.
1
2
3
EXPERIENCE – WORK HISTORY
In the sections below, please describe your experience/work history, with emphasis on experience pertinent to the position for which you are applying Resumes submitted in lieu of a completed application will not be accepted. Be sure to list your MOST RECENT EXPERIENCE FIRST. You are encouraged to bring an up-to-date resume to any interview for this position.
Employer: Phone _()
Your Job Title:Supervisor (Name/Title)
Dates of Employment: Mo Year To Mo Year Hours worked per week May we contact?
Duties: Please describe your position responsibilities:
How many employees did you supervise? Did you assign their work? Reject unsatisfactory work?
Did you have the authority to hire/fire? Reason you left this position:

Employer:		Address:		Phone _(_)		
Your Job Title:Supervisor (Name/Title)							
Dates of Employment: Mo	Year T	Го Мо	_ Year	Hours worked per week	May we contact?		
Duties: Please describe your position	-						
How many employees did you supe							
Did you have the authority to hire/fire?Reason you left this position:							
Employer:	Addres	ss:		Phone()_			
Your Job Title:Supervisor (Name/Title)							
Dates of Employment: Mo	_ Year	То Мо	Year	Hours worked per week	May we contact?		
Duties: Please describe your position	on responsibilit	ies:					
How many employees did you supe	rvise?	Did you ass	ign their work? _	Reject unsatisfa	actory work?		
Did you have the authority to hire/fire?Reason you left this position:							

Employer:	Address:		Phone _()			
Your Job Title:	tle:Supervisor (Name/Title)					
Dates of Employment: Mo	Year To Mo	Year	Hours worked per week	May we contact?		
Duties: Please describe your position	on responsibilities:					
How many employees did you super	rvise? Did you assign tl	heir work?	Reject unsatisfactory	work?		
Did you have the authority to hire/fi	re? Reason you left	this position:				
			DI ()			
Employer:	Address:		Phone _()			
Your Job Title:	Supervisor (Name/Title)					
Dates of Employment: Mo	Year To Mo	Year	Hours worked per week	May we contact?		
Duties: Please describe your position	on responsibilities:					

This affirmation MUST BE COMPLETED

I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that I may be subject to a background check. I understand that should an investigation disclose such misrepresentations, my application may be rejected and, should I be employed, my services may be terminated.

employed, my services may be terminated.	
SIGNATURE:	DATE:
(Each application must bear a cu	rrent date and original signature.)
The State of New Hampshire is an Equal Opportunity Employer. Discriming disability, religious creed, national origin, or any other non-merit factor is persons with disabilities by contracting the Examinations Bureau of the Diversity of the Dive	
UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO: TOWN OF DUNBARTON 1011 SCHOOL STREET DUNBARTON, NH 03046	Please complete the following to assist in our recruitment efforts. I learned of this career opportunity through: