

TOWN OF MILTON
424 WHITE MOUNTAIN HIGHWAY
P.O. BOX 310
MILTON, NH 03851
PHONE (603) 652-4501 FAX (603) 652-4120

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

DATE OF APPLICATION _____

POSITION APPLIED FOR _____

DATE AVAILABLE FOR WORK _____

TYPE OF EMPLOYMENT DESIRED () FULL TIME () PART TIME () SHIFT WORK
() TEMPORARY

REFERRED SOURCE: () ADVERTISEMENT () FRIEND () RELATIVE
() EMPLOYMENT AGENCY () WALK-IN () OTHER _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER /STREET CITY STATE
ZIP CODE

TELEPHONE () _____ SOCIAL SECURITY # _____

ARE YOU 18 YEARS OR OLDER? () YES () NO

HAVE YOU FILED AN APPLICATION HERE BEFORE? () YES () NO

IF YES, GIVE DATE _____

HAVE YOU BEEN EMPLOYED HERE BEFORE? () YES () NO

IF YES, GIVE DATE _____

ARE YOU EITHER A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.?

() YES () NO

ARE YOU ON A LAY OFF AND SUBJECT TO RECALL? () YES () NO

DO YOU HAVE THE ABILITY TO TRAVEL? () YES () NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST SEVEN (7) YEARS?

() YES () NO IF YES PLEASE EXPLAIN:

ARE YOU A VETERAN OF THE U.S. MILITARY SERVICE? () YES () NO

IF YES, GIVE BRANCH _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS EXPLAINED IN THE JOB DESCRIPTION FOR WHICH YOU ARE APPLYING? () YES () NO

THE TOWN OF MILTON IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS THAT ARE JOB RELATED AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INCLUDE RACE, COLOR, RELIGION, SEX AND NATIONAL ORIGIN.

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

JOB TITLE _____ SUPERVISORS NAME _____

DATE EMPLOYED FROM _____ TO _____ STARTING/ENDING

SALARY _____ / _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE? () YES () NO

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

JOB TITLE _____ SUPERVISORS NAME _____

DATE EMPLOYED FROM _____ TO _____ STARTING/ENDING

SALARY _____ / _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE? () YES () NO

EMPLOYER _____ TELEPHONE _____

ADDRESS _____

JOB TITLE _____ SUPERVISORS NAME _____

DATE EMPLOYED FROM _____ TO _____ STARTING/ENDING

SALARY _____ / _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE? () YES () NO

EDUCATIONAL BACKGROUND

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS CORRESPONDENCE				

REFERENCES

LIST THREE PEOPLE WHO HAVE KNOWN YOU AT LEAST ONE (1) YEAR.

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

GENERAL

SKILLS AND QUALIFICATIONS: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.
(EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL
ORIGIN) _____

LIST ANY OTHER ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER

AGREEMENT

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. I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

I UNDERSTAND THAT FALSE OR MILEADING 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 TOWN OF MILTON.

Signature of applicant _____

Date _____

DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY

ARRANGE INTERVIEW () YES () NO

DATE _____

REMARKS

INTERVIEWER _____

EMPLOYED () YES () NO DATE OF EMPLOYMENT _____

JOB TITLE _____ HOURLY RATE/SALARY _____

DEPARTMENT _____

OTHER COMMENTS

