

## TOWN OF GREENLAND

Greenland, NH 03840 11 Town Square • PO Box 100 Phone: 603.431.7111 • Fax: 603.430.3761 Website: greenland-nh.com

## APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with the Town of Greenland. We feel this application provides us with a fair and equitable means to evaluate an applicant's qualifications. Our goal is to find the best qualified individual for the job. The information you provide will be used to determine your level of qualifications for the current openings. Job descriptions are available, and identify the duties as well as the knowledge and skills needed.

The Town of Greenland will provide reasonable accommodations to applicants applying for employment. The Town of Greenland is an Equal Opportunity/Affirmative Action Employer. It is our policy to recruit, hire, promote and develop qualified persons without regard to race, sex, religion, national origin, age or disability.

APPLICANT INFORMATION				
Position Applying For:		Date:		
Name:				
Last -	First -	Middle -		
Current Address				
(street/city/state/zip):				
Home Phone:	Cell Phone:	Email:		
Are you willing to work: Full-Time Part-Time Seasonal				
When can you report for work?				
Have you previously been employed by the Town of Greenland?  Yes  No				
If yes, when and in what capacity?				
Do you legally have the right to work in the United States? Yes No				
EDUCATION				
Do you have a high school diploma or equivalent (GED)? Yes No				
Highest grade completed: 4 5 6 7 8 9 10 11 12				
Special Training and/or Education Beyond High School				
Name of School/Location:				
Major/Course:				
Credit Hours Completed:	Degree Received	:		
Name of School/Location:				
Major/Course:				
Credit Hours Completed:	Hours Completed: Degree Received:			

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## **EMPLOYMENT HISTORY** List the specific tasks and responsibilities included in your work history, beginning with your present or last employment. Be sure to list those jobs which best relate to the position for which you are applying. Employment verification may be made regarding all of your past experience. Please note if you do not want your present employer contacted. Present or Last Employer: Address: Phone: Supervisor Name & Title: Position Held: Reason for Leaving: **Duties:** Starting Date: **Ending Date:** Salary: May we contact your present employer? Yes No Comments: Previous Employer: Address: Phone: Supervisor Name & Title: Position Held: **Duties:** Reason for Leaving: Starting Date: **Ending Date:** Salary: Previous Employer: Address: Phone: Supervisor Name & Title: Position Held: **Duties:** Reason for Leaving: Starting Date: Salary: **Ending Date:** Previous Employer: Address: Phone: Supervisor Name & Title: Position Held: **Duties:** Reason for Leaving: Starting Date: Ending Date: Salary: **ANY ADDITIONAL INFORMATION** List any experience and/or skills that you feel would especially qualify you for this position: List any professional registrations, licenses or occupational certificates you hold:

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EMPLOYMENT REFERENCES Include individuals who are qualified to evaluate your capabilities. Do not include relatives.				
Name:	, , ,			
Address:				
City:	State:	Phone:		
Relationship:				
Name:				
Address:				
City:	State:	Phone:		
Relationship:				
Name:				
Address:				
City:	State:	Phone:		
Relationship:				
APPLICANT SIGNATURE				
I certify that all information on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.				
The Town of Greenland is hereby authorized to make any investigation of my employment, education or background information provided on this application. I understand that my employment may be subject to the successful completion of an employment related physical examination and that my continued employment may be conditioned upon satisfactorily continuing to meet job-related physical and mental requirements. I further understand that this is an application for employment and that no employment contract, either express or implied, is being offered.				
Signature of Applicant:		Date:		

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