

Town of Amherst, NH

P.O. Box 960 Amherst, NH 03031 (603) 673-6248

Employment Application

Applicant Information									
Full Name: Address:	Last	First		Date:					
	Street Address		Apartment/Unit #						
	City			State	ZIP C	ode			
Phone: ()	E-mail Address:	-mail Address: Cell #:						
Date Available: Social Security No.:			Desired Salary: \$						
Position Applied for: YES NO YES NO									
30 130304800 - A C.	tizen of the United States? ver worked for this compan	YES NO	If no, are you at		vork in the U.S.?	YES	NO		
6.75	ver been convicted of a felo	YES NO	ii so, wileti?						
If yes, explain:									
Education									
High School	:	Address							
From: _	To:	Did you graduate?	YES NO	Degree:					
College:		Address							
From: _	To:	Did you graduate?	YES NO	Degree:		9			
Other: _		Address:							
From: _	То:		YES NO	Degree:					
References Please list three persons (not relatives) who know you.									
Full Name:	• 00000000 • 000000000 • 000000000 • 000000	s) who know you.	Pelationshin:						
Company:		•		Phone:	, ,				
Address:		CO 311 0000000000000000000000000000000000		_	()				
Full Name:						*			
Company:	Relationship: Phone: _()								
Address:									
Full Name:	Deletianship								
Company:	Dhama. /								
Address:				-					
Address									

Previous Employment							
Company:	Phone:()						
Address:	Supervisor:						
Job Title:	Starting Salary: \$	inding Salary: \$					
Responsibilities:							
From:	To: Reason for Leaving:						
May we conta	act your previous supervisor for a reference?						
Company:	Phone: ()						
Address: _	Supervisor:						
Job Title:	Starting Salary: \$	nding Salary: _\$					
Responsibilitie	es:						
From:	To: Reason for Leaving:						
May we contact	act your previous supervisor for a reference?						
Company:	Phone: ()						
Address: _	Supervisor:						
Job Title: _	Starting Salary: \$ Er	nding Salary: \$					
Responsibilities:							
From:	To: Reason for Leaving:						
May we contact	ct your previous supervisor for a reference?						
	Military Service						
Branch:	From:	To:					
Rank at Discha	arge: Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are true and complete to the best of my knowledge. 1/05/06							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:		Date:					