



Employment Application Town of Derry, New Hampshire

Human Resources
14 Manning Street
Derry NH 03038
(603) 432-6100

Please print in ink or type. Answer every question clearly and completely.
Where a question does not apply, answer N/A. Completed applications may be mailed or hand-delivered.

PERSONAL DATA

POSITION APPLIED FOR _____ DATE _____
(Give exact title)

1. Name _____
Last First Middle

2. Address _____
Street City State Zip Code

3. Home (_____) Cell (_____) Email _____
Area Code Area Code

4. Are you legally eligible to work in the U.S.? Yes No

5. The Town of Derry supports the Americans with Disabilities Act. Are you able to perform the specific job functions, with or without reasonable accommodations, of the job for which you are applying?
 Yes No

6. Have you ever worked for the Town of Derry? Yes No

If yes, which department? _____ When? _____

7. If the position for which you are hired requires driving of a Town vehicle, you must produce an appropriate, valid driver's license. Your driver's record will be reviewed if your position requires driving a Town vehicle. Your driver's record must be within the standards set by the Town's insurance company and the Town in order for you to be permitted to operate a Town vehicle.

8. When would you be available for employment? _____

9. What is the lowest salary you will accept? _____

10. How did you learn about the position for which you are applying? _____

If newspaper, which one, or if Town employee referral, list name of employee. _____

EDUCATION AND TRAINING

11. Indicate the highest educational grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Undergraduate _____ Graduate _____ Ph.D. _____

Name and location of the last high school attended _____

Did you graduate from high school? Yes No

If not, have you passed a G.E.D. test? Yes No

	School Name and Location	Number of Years Attended	Did you Graduate?	Degree	Major Area of Study
College or University					
Other Education					

SPECIAL QUALIFICATIONS AND SKILLS (typing, computer proficiency, foreign languages, **professional licenses and certifications**, publications, scholastic honors, etc.)

OTHER TRAINING YOU RECEIVED (for example special courses, work training programs, armed forces training)

If applying for a job requiring specific skills please complete as applicable:

Typing Speed: _____ wpm. Other: _____

EXPERIENCE HISTORY

12. Start with your present position and work back. Include military service and volunteer experience. Additional experience should be listed on a separate sheet of paper or on a personal resume. Be sure to include all requested information, especially as it relates to the job for which you are applying. Resumes may be submitted as supplemental information.

A. Present Employer _____ From _____ To _____
Complete Address _____ Avg.Hrs./Week _____
Job Title _____ Starting Salary _____ Ending _____
Supervisor _____ Telephone _____ May we contact? Yes No
Reason for leaving? _____
Describe your work. _____

B. Past Employer _____ From _____ To _____
Complete Address _____ Avg.Hrs./Week _____
Job Title _____ Starting Salary _____ Ending _____
Supervisor _____ Telephone _____ May we contact? Yes No
Reason for leaving? _____
Describe your work. _____

C. Past Employer _____ From _____ To _____
Complete Address _____ Avg.Hrs./Week _____
Job Title _____ Starting Salary _____ Ending _____
Supervisor _____ Telephone _____ May we contact? Yes No
Reason for leaving? _____
Describe your work. _____

D. Past Employer _____ From _____ To _____
Complete Address _____ Avg.Hrs./Week _____
Job Title _____ Starting Salary _____ Ending _____
Supervisor _____ Telephone _____ May we contact? Yes No
Reason for leaving? _____
Describe your work. _____

13. Background checks are routinely performed prior to hire. May we conduct? Yes No
If no, please explain.

14. Have you ever been convicted of a misdemeanor or felony (exclude violations), which has not been annulled or expunged by a court? Yes No

If so, please identify the court(s) where you were convicted, the date(s) of your conviction(s), and the nature of the offense(s) for which you were convicted. Please note that conviction does not automatically disqualify you from employment; the Town will consider the date of the conviction, the nature of the charge, and the position for which you seek consideration.

15. References may be furnished in the space provided below if desired by the applicant.

Name	Name	Name
Address	Address	Address
Telephone	Telephone	Telephone
Relationship	Relationship	Relationship

ATTENTION: THIS STATEMENT MUST BE SIGNED.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or dismissing me after I have begun work. I understand that all the information contained in this application may be subject to verification.

For certain job categories, I may be required to pass, after a conditional offer of employment is made, a physical examination to establish my ability to perform the essential functions of the job. I understand that the Town conducts both state and federal criminal records checks. I understand that any offer of employment is conducted upon the Town's concurrence, before or after such offer is made, that the results of criminal records checks are consistent with the Town's employment standards or expectations of the job for which I am applying. I also understand that the Town of Derry conducts pre-employment and random drug testing in various departments.

Signature of Applicant

Date

THANK YOU FOR APPLYING WITH THE TOWN OF DERRY
Equal Opportunity Employer

VOLUNTARY DATA RECORD

To enable the Town of Derry to meet statistical reporting regulations, applicants are requested (but not required) to complete this Personal Data Sheet. Information will be used solely for reporting purposes. This portion of your application will be detached and, if hired, will not become a part of your employee record. It will not be used as selection criteria and will be treated as personal and confidential.

Name: _____ Date: _____

Position applied for: _____

Date of Birth: _____ Check one: Male Female

Check one of the following (race/ethnic category descriptions are on the reverse side of this form):

Hispanic Native American Asian/Pacific Islander White Black

Are you a Veteran? No Yes Vietnam Era Veteran? No Yes

If yes, dates of active duty: From _____ To _____ Type of discharge or release: _____

TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the information below.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (a) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (b) safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (c) government officials investigating compliance with the Acts shall be informed.

If you are disabled and/or a veteran of the Vietnam Era, we would like to assist you in making appropriate career decisions. It would be helpful if you would complete the information below.

- I am disabled and would like assistance in appropriate employment placement.
- I am a Vietnam Era Veteran and would like assistance in appropriate employment placement.
- I am a disabled veteran and would like assistance in appropriate employment placement.

This is a list of my special skills, knowledge, or experience which may qualify me for positions that I might not otherwise be able to do because of my disability. This will permit my being considered for any position of that kind.

The following accommodations, if made, would enable me to perform the job for which I am applying successfully and safely:

RACE/ETHNIC CATEGORY DESCRIPTIONS

White (not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin)

All persons having origins in any of the Black racial groups of Africa.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

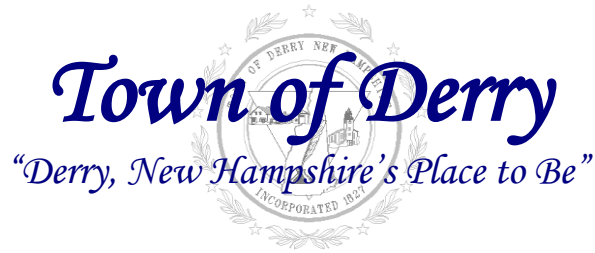
Certifications

Please list any certifications you currently have, the expiration date and the date and location of course completed. Please list any certification you intend on obtaining in the next 3-6 months.

Certification	Expiration Date	Date and location of Certification Course
___ WSI	_____	_____
___ LGT	_____	_____
___ CPR	_____	_____
___ First Aid	_____	_____
___ CDL	_____	_____
___ CDL Passenger	_____	_____
___ Bus Driver	_____	_____
___ Other	Describe: _____	_____
	_____	_____
	_____	_____

Signature of Applicant

Date



Emergency Contact Information

In the event of an emergency, we will contact the individual(s) listed below.

Personal Information

Last Name	First Name	Middle Initial
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List any allergies or other health information important for Emergency Responders

Contact Information

Initial Contact: _____

Name	Relationship	
()	()	()
Home Phone	Cell Phone	Work Phone

2nd Contact: _____

Name	Relationship	
()	()	()
Home Phone	Cell Phone	Work Phone

3rd Contact: _____

Name	Relationship	
()	()	()
Home Phone	Cell Phone	Work Phone