

# 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, please answer "N/A".

# PERSONAL DATA

POSITION APPLIED FOR					DATE		
(Give exact title)			(Give exact title)				
1.	Name						
		Last	First	Mid	ddle		
2.	Address	Street	City				
		Street	City	State	Zip Code		
3.	Home		Cell	Email			
4.	. Are you legally eligible to work in the U.S.?						
~							
5.		Town of Derry supports the Americans with Disabilities Act. Are you able to perform the specific of 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						
	lf ves. wh	ich department?		When?			
	<b>y</b> ,						
7.	•	•	re hired requires driving	•	-		
	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						
	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.	<ol> <li>What is the lowest salary you will accept?</li> </ol>						
10	10. How did you learn about the position for which you are applying?						
	If	by Town employee I	referral, list name of emp	bloyee			

### **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 GED or HiSET exam? 
Yes No

	School Name Location	# 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			
	Telephone	M	ay we contact? 🗌 Yes 🗌 No
Reason for leaving?			
Describe your work			
P. Doct Employer		From	
			Avg.1113./Week
	Telephone		ay we contact? Yes No
C. Past Employer		From	То
	Telephone	M	ay we contact? Yes No
Reason for leaving?			
D. Past Employer		From	То
Job Title			
	Telephone		ay we contact? 🗌 Yes 🗌 No
Reason for leaving?			

13. Background checks are routinely performed prior to hire. May we cor	nduct? 🗌 Yes 🗌 I	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

### 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

## VOLUNTARY DATA RECORD

To enable the Town of Derry to meet reporting requirements of the Equal Employment Opportunity Commission, applicants are requested (but not required) to complete this Voluntary Data Record. Information will be used solely for reporting purposes. This portion of your application 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	E Female			
Racial/ethnic data: Please identify yourself in terms of the racial/ethnic groups listed below by checking the appropriate field:					
White Black/African American Hispanic/Latino Asian Native Hawaiian/Pacific Islander					
🗌 American Indian/Alaskan Native 🔲 Balance					
Are you a Veteran? 🗌 Yes 🗌 No					
If yes, dates of active duty: From To Ty	ype 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: