

# TOWN OF AUBURN, NH

PLEASE TYPE OR PRINT THIS APPLICATION

If you require special accommodations in order to apply for this position please notify the Selectmen's Office prior to the deadline for submitting applications.

**PERSONAL**

Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Dept: \_\_\_\_\_

Availability: Full-time [  ] Part-time [  ] Seasonal [  ]

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

City \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Have you ever been employed with us before: NO [  ], YES [  ], if yes provide details:

Title of last position held: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

List any relatives currently working for the Town of Auburn below:

| <u>NAME</u> | <u>DEPARTMENT</u> | <u>RELATIONSHIP</u> |
|-------------|-------------------|---------------------|
|             |                   |                     |
|             |                   |                     |
|             |                   |                     |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

YES [  ] NO [  ]

Are you a citizen of the United States?

YES [  ] NO [  ]

If no, can you provide proof that you are eligible to work in the United States in accordance with the Immigration Reform and Control Act:

YES [  ] NO [  ]

**EDUCATION**

Did you receive a high school diploma or GED?

YES [  ] NO [  ]

Circle highest grade completed 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6

|  | School (name, city, state) | Dates                    | Degree  | Major/ Minor |
|--|----------------------------|--------------------------|---|--------------|
| High School                                |                            | From: _____<br>To: _____ |   |              |
| Undergraduate<br>College/University        |                            | From: _____<br>To: _____ | Yes [ <input type="checkbox"/> ]<br>No [ <input type="checkbox"/> ] |              |
| Graduate<br>College/University             |                            | From: _____<br>To: _____ | Yes [ <input type="checkbox"/> ]<br>No [ <input type="checkbox"/> ] |              |
| Other Education<br>ie: technical, business |                            | From: _____<br>To: _____ | Yes [ <input type="checkbox"/> ]<br>No [ <input type="checkbox"/> ] |              |

**EMPLOYMENT HISTORY**

( List most recent employer first. Please account for any gaps in employment record).

Company: \_\_\_\_\_ Your title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Employed From: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ Employed To: \_\_\_\_\_

May we contact your present employer? Yes  No  Salary or Rate of Pay: \_\_\_\_\_ Starting: \_\_\_\_\_ Per: \_\_\_\_\_ Ending: \_\_\_\_\_ Per: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Your title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Employed From: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ Employed To: \_\_\_\_\_

Salary or Rate of Pay: \_\_\_\_\_ Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Your title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Employed From: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ Employed To: \_\_\_\_\_

Salary or Rate of Pay: \_\_\_\_\_ Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Your title: \_\_\_\_\_

Street Address: \_\_\_\_\_ Employed From: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ Employed To: \_\_\_\_\_

Salary or Rate of Pay: \_\_\_\_\_ Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

If needed, please attach additional sheets to include additional employment history.

**MILITARY**

Have you ever served in the U.S. Armed Forces?    Yes [ ]    No [ ]

If yes, what branch?

Type of Discharge: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Describe any training received which would be relevant to the position for which you are applying:

**SPECIFIC SKILLS**

List technical/professional licenses or certificates you hold:

List office machines, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

**Driving History (if necessary to position applied for)**

List ALL presently unexpired motor vehicle operator's licenses you hold:

License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: / / Type: \_\_\_\_\_

License # \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expires: / / Type: \_\_\_\_\_

Date of Birth: / / (Necessary to conduct motor vehicle records check).

Provide complete motor vehicle accident record for past 7 years:

| Dates          | Nature of Accident (Head-on, Rear-end , etc ) |
|----------------|---|
| Last Accident: |   |
| Next Previous: |   |
| Next Previous: |   |

Indicate ALL traffic convictions during the past 7 years (other than parking violations) and dates of ALL license suspensions or forfeitures during the past 7 years:

| Location | Date | Description |
|----------|------|-------------|
|          |      |             |
|          |      |             |
|          |      |             |

**CRIMINAL HISTORY**

Have you ever been convicted of any violation of the law or uniform code of military justice other than minor traffic violations?    No [ ]    Yes [ ]

If yes, explain fully ( Conviction will not automatically disqualify you from employment).

If needed, please attach additional sheets.

**REFERENCES**

List three (3) personal references who are not former employers or related to you:

| Name & Occupation | Address | Phone | Relationship |
|-------------------|---------|-------|--------------|
|                   |         |       |              |
|                   |         |       |              |
|                   |         |       |              |

**MISCELLANEOUS ADDITIONAL INFORMATION**

Have you ever applied for a position with us before? Yes [ ] No [ ]

If Yes, give date and the position:

Use this space for any further information you think would help us evaluate your application:

**CERTIFICATION AND AGREEMENT**

PLEASE READ CAREFULLY BEFORE SIGNING THE FOLLOWING:

I **AUTHORIZE** the Town of Auburn to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, and disciplinary, arrest and conviction records (both juvenile and adult). I further authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application ( and accompanying resume and other documents supplied by me) to provide the Town of Auburn with any relevant information that may be required to arrive at an employment decision. I understand that the information released is for the Town of Auburn's use only.

I **RELEASE** any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time, happen to me as a result of compliance, or any attempt to comply with this authorization.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Selectman, Chairman\_\_\_\_\_  
Selectman\_\_\_\_\_  
Selectman