

Town of Epsom
P.O. Box 10
Epsom NH 03234



Office (603) 736-9002
Fax (603) 736-8539

Town of Epsom, NH - Application for Employment

Personal Data

Name: _____ Date: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

Position applying for: _____

Can you perform the essential functions of the position with or without accommodation: Yes _____ No _____

Are you eligible to be employed in the United States: Yes _____ No _____

Are you over the age of 18 years: Yes _____ No _____

Have you worked for the Town of Epsom before: Yes _____ No _____

If yes, where? _____ When? _____ Job Title: _____

Do you have any friends or relatives of who work for the Town of Epsom? Yes _____ No _____

If yes, who and where do they work? _____

Have you ever done any volunteer work for the Town of Epsom? Yes _____ No _____

If yes, please describe: _____

Work Availability: Days ___ Nights ___ Weekends ___ Full-time ___ Part-time ___

Day	Sun	Mon	Tue	Wed	Thur	Fri	Sat
From:							
To:							

Are you currently employed: Yes _____ No _____

If yes, why are you considering leaving: _____

If yes, may we contact your current employer: Yes _____ No _____

Education

Did you graduate from High School: Yes _____ No _____

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If no, have you passed a GED or HiSET exam: Yes _____ No _____

College or University Name	Location	# of Years Attended	Did you Graduate?	Degree	Major Area of Study

Special Qualifications: (typing, computer proficiency, professional license, and certifications, etc.)

Other Training Received: (special courses, work training programs, armed forces training)

Employment History Start with your current or most recent position first.

Name of Employer: _____ Phone: _____

Address: _____ Supervisor's Name / Title: _____

Dates Employed: _____ Starting and Ending Rate of Pay: _____

Describe the Work Performed: _____

Name of Employer: _____ Phone: _____

Address: _____ Supervisor's Name / Title: _____

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Dates Employed: _____ Starting and Ending Rate of Pay: _____

Describe the Work Performed: _____

Name of Employer: _____ Phone: _____

Address: _____ Supervisor's Name / Title: _____

Dates Employed: _____ Starting and Ending Rate of Pay: _____

Describe the Work Performed: _____

Name of Employer: _____ Phone: _____

Address: _____ Supervisor's Name / Title: _____

Dates Employed: _____ Starting and Ending Rate of Pay: _____

Describe the Work Performed: _____

References

Name	Occupation	Phone # or Email Address

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THIS STATEMENT MUST BE SIGNED

By signing below I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that false or incomplete answers 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. I understand that the Town conducts 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 the criminal records checks are consistent with the Town's employment standards or expectations of the job for which I am applying.

Sign or eSign

Date

**Thank you for applying with the Town of Epsom
An Equal Opportunity Employer**