

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

Town of Epsom, NH - Application for Employment

Personal Data

Name:						Date:		
Address:								
City/Town:								
Email:								
Position applyin	ng for:							
Can you perform	n the essentia	al functions of	the posi	tion with or	without a	accommodation	n: Yes	No
Are you eligible	to be emplo	yed in the Uni	ited State	es: Yes	_ No			
Are you over the	e age of 18 y	ears: Yes	No					
Have you worke	ed for the To	wn of Epsom 1	before: Y	Yes N	o			
If yes, where? When?				Job T	tle:			
Oo you have an	y friends or 1	elatives of wh	o work f	for the Town	of Epson	m? Yes	No	
f yes, who and	where do the	ey work?						
Have you ever d	lone any vol	unteer work fo	or the To	wn of Epson	n? Yes _	No	-	
f yes, please de	scribe:							
Work Availabili	ity: Days	_ Nights V	Veekend	s Full-ti	me F	art-time		
Day	Sun	Mon	Tu	e V	/ed	Thur	Fri	Sat
From: Fo:								
Are you current			о	•		·		•
f yes, why are y	you consider	ing leaving:						
f yes, may we c								



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Education

College or University Name	Location	# of Years	Did you	Degree	Major Area of Study
		Attended	Graduate?		
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Special Qualifications: (ty)	ping, computer p	roficiency, profe	ssional licens	e, and cert	ifications, etc.)
Other Training Peccived:	(cnocial courses	work training pr	ograms arma	d forces tre	ining)
Other Training Received: ((special courses,	work training pro	ograms, arme	d forces tra	nining)
Other Training Received: ((special courses,	work training pro	ograms, arme	d forces tra	nining)
Other Training Received: ((special courses,	work training pro	ograms, arme	d forces tra	nining)
Other Training Received: ((special courses,	work training pro	ograms, arme	d forces tra	nining)
Other Training Received: ((special courses,	work training pro	ograms, arme	d forces tra	nining)
				d forces tra	uining)
Employment History	_Start with your curr	ent or most recent p	osition first.		
Employment History	_Start with your curr	ent or most recent p	osition first.		
Employment History Name of Employer:	Start with your curr	ent or most recent p	osition first. Phone	::	
Employment History Name of Employer: Address:	_Start with your curr	ent or most recent p	osition first. Phone Name / Title:	::	
Employment History Name of Employer: Address: Dates Employed:	Start with your curr	ent or most recent p Supervisor's : Starting and Endi	osition first. Phone Name / Title: ng Rate of Pa	y:	
Employment History Name of Employer: Address: Dates Employed:	Start with your curr	ent or most recent p Supervisor's : Starting and Endi	osition first. Phone Name / Title: ng Rate of Pa	y:	
Other Training Received: (Employment History Name of Employer: Address: Dates Employed: Describe the Work Perform	Start with your curr	ent or most recent p Supervisor's : Starting and Endi	osition first. Phone Name / Title: ng Rate of Pa	y:	



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Name of Employer:	Phone:				
Address:	Supervisor's Name / Title: Starting and Ending Rate of Pay:				
Dates Employed:					
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:					



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References

Name	Occupation	Phone # or Email Address
By signing below I certify that all of my knowledge. I understand that fals dismissing me after I have begun wo subject to verification. I understand to of employment is conducted upon the	e or incomplete answers mark. I understand that all the hat the Town conducts crime Town's concurrence, bef	ST BE SIGNED s application are true and complete to the best of may be grounds for not employing me or e information contained in this application may be minal records checks. I understand that any offer fore or after such offer is made, that the results of bloyment standards or expectations of the job for
Sign or eSign		Date

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