



TOWN OF FARMINGTON

356 Main Street

Farmington, NH 03835

Phone: (603) 755-2208

Fax: (603) 755-9934

Employment Application

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodations to the application or interview.

Date of application: _____

Position applied for: _____

APPLICANT DATA

Last name: _____

First name: _____

Middle: _____

Social Security number: _____

Street Address: _____

City: _____ Zip code: _____

Phone number: _____ Alternate phone number: _____

E-mail address: _____

How were you referred to us? _____

Date available to start: _____

Salary requirement: _____

If you are under 18 and we require a work permit, can you furnish one? ☐ YES ☐ NO

If no, please explain:

Have you ever worked for the Town of Farmington? ☐ YES ☐ NO If yes, when? _____

Are you a citizen of the United States? ☐ YES ☐ NO If no, do you have papers? ☐ YES ☐ NO

Type of employment desired: ☐ Full time ☐ Part time ☐ Temporary ☐ Seasonal

Have you ever plead guilty or no contest to or been convicted of a crime? ☐ YES ☐ NO

If yes, please give details:

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

EDUCATION

High School: _____

Address: _____

of years completed: _____ Did you graduate: ☐ YES ☐ NO Degree: _____

Major: _____ GPA: _____ Class rank: _____

College/University: _____

Address: _____

of years completed: _____ Did you graduate: ☐ YES ☐ NO Degree: _____

Major: _____ GPA: _____

Other: _____

Address: _____

of years completed: _____ Did you graduate: ☐ YES ☐ NO Degree: _____

Major: _____ GPA: _____

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have been employed:

Name: _____

Address: _____

Phone number: _____

Name: _____

Address: _____

Phone number: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with your most recent position)

Dates of employment: from _____ to _____

Position(s) held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Responsibilities: _____

Starting salary and title: _____

Ending title and salary: _____

Reason for leaving: _____

May we contact this employer for reference? ☐ YES ☐ NO

Dates of employment: from _____ to _____

Position(s) held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Responsibilities: _____

Starting salary and title: _____

Ending title and salary: _____

Reason for leaving: _____

May we contact this employer for reference? ☐ YES ☐ NO

Dates of employment: from _____ to _____

Position(s) held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Responsibilities: _____

Starting salary and title: _____

Ending title and salary: _____

Reason for leaving: _____

May we contact this employer for reference? ☐ YES ☐ NO

APPLICANT CERTIFICATION, AUTHORIZATION, & RELEASE

I certify that my answers are complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____