

Town of Stratford

Application for Employment

Town of Stratford
 Select Board
 1956 US Rt. 3
 PO Box 366
 Stratford, NH 03590-0366
 603-922-5533 (922-3317 fax)
 town@stratfordnh.gov



References <input checked="" type="checkbox"/> by _____	Date _____
Certification <input checked="" type="checkbox"/> by _____	Date _____
Interview Date _____	
Interviewed by _____	
Recommend Hire to Board? ___ Yes ___ No	
Comments	

Applications for all fire or police (including crossing guard) department positions should go through the chief of the respective department. On recommendation of the chief, the application is forwarded to the Select Board.

The Town of Stratford is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, or any other non-merit factor is prohibited. Special testing arrangements may be made upon request for persons with disabilities by contacting the Selectboard's Office. All employees are required to pass a physical. A background check may be required.

Name _____	Social Security No. _____
Last First Middle	
Address _____	Home Phone _____
Street	
_____	Work Phone _____
City State ZIP	

Position for which you are applying: _____ All Town positions are part-time.
 There are no Town Benefits

If the position requires a license or special certification, please complete the following:

Type of License or Certificate _____

License/Certification # _____ Expiration Date: _____

Do you have the legal right to accept employment in the United States? Yes ___ No ___

Are you at least 18 years of age? Yes ___ No ___ If no, is a work certificate attached? Yes ___ No ___

Have you been employed by this Town before? Yes ___ No ___

If yes, when _____ Position _____

Reason for leaving _____

Have you ever been convicted of a crime that has not been annulled by a court? Yes ____ No ____
(Conviction is not an automatic bar to employment. Each case is considered on its individual merits.)

In the space below, give the date, location, and nature of the crime. Indicate whether conviction was a misdemeanor or a felony. Lack of explanation or failure to complete this section will be a basis for rejection of your application.

Education

Circle the highest school grade completed. 11 12 G.E.D. 13 14 15 16 17 18 Other _____

What specialized courses have you taken? _____

What special skills do you have? _____

Name of School	Address	Major	Degree/Certificate	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employer: _____ Phone _____

Address: _____

Your Job Title: _____ Supervisor's Name _____

Dates of employment (from/to month/year): _____ Hours worked _____ Pay _____

Duties (describe your responsibilities): _____

How many employees did you supervise? _____ Did you assign their work? _____

Did you have hire/fire authority? _____ Reason you left: _____

About You

Do you work best with supervision? ___ Yes ___ No Do you like to work independently? ___ Yes ___ No
 Do you prefer written instructions? ___ Yes ___ No Do you prefer to be shown a job? ___ Yes ___ No
 Why do you want to work for the town?

References

Please list three references (business preferred)—not relatives.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

This affirmation MUST BE COMPLETED

I certify that there are no willful misrepresentations of the above statements and answers to questions.

Signature Date

Thank you for applying for a position with the Town of Stratford.