

Town of Stratford

Application for Employment

Town of Stratford
 Board of Selectmen
 1956 US Rt. 3
 PO Box 366
 N. 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 Board of Selectmen.

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 Selectmen's Office. All employees are required to pass a physical. A background check may be done.

| | |
|---|---------------------------|
| 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 |
|----------------|---------|-------|--------------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Experience—Work History

In the section below, please describe your experience/work history, with emphasis on experience pertinent to the position for which you are applying. Even if you submit a resume, you must also complete this form. Be sure to list your MOST RECENT WORK EXPERIENCE FIRST.

| | |
|---|----------------------------------|
| 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: _____ |
| _____ | |

| | |
|---|----------------------------------|
| 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: _____ |
| _____ | |

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

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