

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



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.

References ☒ by _____ Date _____
Certification ☒ by _____ Date _____
Interview Date _____
Interviewed by _____
Recommend Hire to Board? ____ Yes ____ No
Comments

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				
City _____			Work Phone _____	
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? Yes ____ No ____
If yes, has it 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: _____	

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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.