

Town of Effingham, New Hampshire
APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last Name First)		Social Security No.	
Address	City	State	Zip
Phone No.	Cell Phone	E-mail	Referred By

Employment Desired

Position	Date Available	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education History

	Name of School	Year Attended	Subjects
High School			
College			
Other schools			

General Information

Subject of special study
Special training
Driver's License Y/N CDL License Y/N

Former Employers (List below the last four employers, if applicable, starting with the last one first)

Date Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

Authorization

The Town of Effingham, NH, is an equal opportunity employer. The Board of Selectmen reserves the right to accept or reject any or all applicants as deemed by them to be in the best interest of the Town.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements in this application shall be grounds for dismissal.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required eligibility verification document upon hire.

Date _____ Signature _____