

Town of Alton, NH

Board of Selectmen | Town Administrator PO Box 659 1 Monument Square Alton, NH 03809 Office: 603-875-2161 Fax: 603-651-0732

Employment Application

Date:			
Name (First, Mido	dle, Last):		
Mailing Address:			
Residential Addre	ess:		
		Cell Phone:	
Email:			
Position Desired:		Salary Desired:	
Work Availability	y (check as applicable)		
Full TimeEveningsHolidays	□ Part Time□ Weekdays□ Overtime	 □ Days □ Weekends □ Preferences:	
Certifications, S	pecial Skills, Training	, Licenses	
Memberships in	Professional Associa	ations and Civic Organizations	
Hobbies and Oth	ner Activities		

United State	es Citizenship						
□ Yes	□ No	□ Legally Registered Alio	en (documentation required)				
Military Serv	vice						
□ Yes	□ No	Branch of Service:					
Dates of Ser	vice:		Rank Held:				
Discharge:	□ Honorable	□ Dishonorable					
Person to N	Person to Notify in the Event of an Emergency (Name, Address, Contact Information)						
College							
School Name	e and Address:_						
Subject(s) St	udied:						
Graduate:	□ Yes	□ No De	gree(s):				
High Schoo	I						
School Name	e and Address:_						
Subject(s) St	udied:						
Graduate:	□ Yes	□ No					
Other							
School Name	e and Address:						

Subject(s) Studied:							
Dates Attended:							
Graduate: 🗆 Yes		Degree(s):					
Employment History (begin with most current or most recent employer)							
Company Name:							
Address:							
		Supervisor's Name:					
Title and Job Description:							
		End Date:					
May we contact this employer?	□ Yes	□ No					
Company Name:							
Address:							
		Supervisor's Name:					
Title and Job Description:							
Start Date: S	tarting Pay:	End Date:	End Pay:				
May we contact this employer?	□ Yes	□ No					
Company Name:							
Address:							
		Supervisor's Name:					
Title and Job Description:							
Start Date: S	tarting Pay:	End Date:	End Pay:				
May we contact this employer?	□ Yes	□ No					

Company Name:						
Address:						
Title and Job Description:						
Start Date:	Starting Pay:	End Date:	End Pay:			
May we contact this employe	r? □ Yes	□ No				
Personal References						
Name:						
Address:						
Relationship:						
Name:						
Address:						
Relationship:						
Name:						
Relationship:						
Have you been convicted of a crime in the past 5 years?						
□ No □ Yes						
Identify the type of crime, date of conviction, sentence imposed and any other pertinent facts):						

Other information that you would like to add to this application to help us consider you for employment:

"I certify that the information provided on this application is true, correct and complete to the best of my ability. I undertstand that any falsification or omission of fact may result in my dismissal if I am hired."

Applicant's Signature:

The Town of Alton is an Equal Opportunity Employer. Qualified job applicants will receive consideration without discrimination because of age, race, sex, color, creed, national origin, religious beliefs, marital status or disability.