



**TOWN OF HOOKSETT**  
35 Main Street, Hooksett, NH 03106

**Application for Employment**

The Town of Hooksett shall not discriminate on the basis of race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, disability or genetic information.

The Town of Hooksett will make reasonable effort in the employment process to accommodate persons with disabilities. If you will require special accommodations during the application/hiring process, please notify Human Resources prior to the deadline for submitting an application for this position.

				Date:	
<b>POSITION DATA</b>					
Position Applied For:			Division/Department:		
Date Available:			Desired Salary:		
Full-Time ( ) Part-Time ( ) Seasonal ( )					
<b>BIOGRAPHICAL DATA</b>					
Full Name:				Email:	
(Last)		(First)		(M.I.)	
Street Address:				Home Phone: ( )	
City:		State:		Zip:	
				Cell Phone: ( )	
Best Time to Contact:					
<b>MISCELLANEOUS INFORMATION</b>					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever filed an application with the Town of Hooksett?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date:		
Have you ever worked for the Town of Hooksett?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when:		
Do any of your friends or relatives, other than spouse, work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

**EDUCATION**

Did you receive a high school diploma or GED?					Yes ( )		No ( )	
Circle highest grade completed: 7 8 9 10 11 12					College: 1 2 3 4 5 6			
	School (name, city, state)			Years Complete	Degree		Course of Study	
High School:								
Undergraduate College/University								
Graduate/Professional College/University								
Other Education (i.e., Technical/Business)								

**EMPLOYMENT HISTORY (List most recent employer first)**

Company:				Your Title:			
Address:				Employed From (date):			
City, State, Zip:				Employed To (date):			
May we contact your present employer? Yes ( ) No ( )				Current Salary of Rate of Pay: Starting: \$ _____ Ending: \$ _____			
Responsibilities:							
Reasons for leaving:							
Supervisor's name:				Phone / Email:			

Company:				Your Title:			
Address:				Employed From (date):			
City, State, Zip:				Employed To (date):			
Salary or Rate of Pay:		Starting: \$		Ending: \$			
Responsibilities:							
Reason for leaving							
Supervisor's name:				Phone / Email:			

Company:				Your Title:			
Address:				Employed From (date):			
City, State, Zip:				Employed To (date):			
Salary or Rate of Pay:		Starting: \$		Ending: \$			
Responsibilities:							
Reasons for leaving:							
Supervisor's name				Phone / Email:			

Company:		Your Title:	
Address:		Employed From (date):	
City, State, Zip:		Employed To (date):	
Salary or Rate of Pay:		Starting: \$	
Responsibilities:			
Reasons for leaving:			
Supervisor's name:		Phone / Email:	
<b>MILITARY</b>			
Have you ever served in the U.S. Armed Forces:		Yes ( )                      No ( )	
If Yes, what branch?			
Rank at Discharge:			
Describe any training received which would be relevant to the position for which you are applying:			
<b>SPECIALIZED SKILLS</b>			
List technical/professional licenses or certifications you hold:			
List office machines, heavy equipment, vehicles, or other machines you can operate:			
List any job-related specialized training you have received:			
<b>PROFESSIONAL AND/OR COMMUNITY ACTIVITIES</b>			
List any business, professional, trade associations, or civic activities you engage in that might be relevant to the position:			
<b>CDL DRIVERS</b>			
Please circle:    CDL:    A    or    B			
Are you registered with the Federal Motor Carrier Safety Administration (FMCSA)		Yes ( )                      No ( )	
<b>REFERENCES</b>			
Please list (3) professional references:			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

**CERTIFICATION AND AGREEMENT** (Please read carefully before signing)

In submitting this application for consideration and as indicated by my signature below, I hereby certify that all responses provided herein and throughout the application process are true and complete to the best of my knowledge. I authorize the Town of Hooksett to investigate my personal and employment history, and financial and credit record. I further authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I understand that should an investigation at any time disclose any misrepresentations and/or falsifications as stated herein, upon any other employment related form or made during an interview(s), my application will be rejected and should I become or already be employed with the Town of Hooksett my employment may be terminated.

I understand that if I am employed by the Town of Hooksett, I am required to become familiar with and abide by all rules and regulations of the Town of Hooksett a established and amended form time to time. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship established with the Town of Hooksett is of an "at will" nature, which means that the employee may resign at any time and the Town of Hooksett may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by written instrument or by conduct unless such change is specifically acknowledged in writing, by an authorized representative of the Town of Hooksett.

I release any individual, including record custodians, from any and all liability for damages of whatever kind or nature that may, at any time, happen to me as a result of compliance, or any attempts to comply with this authorization.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)