

# Application for Employment

Selectmen's Office

Town of Lyme

P.O. Box 126

Lyme, New Hampshire 03768

Telephone: (603)795-4639 (Monday, Wednesday, Friday: 8:00 AM - 2:00 PM)

FAX: (603)795-4637

(Please print. Thank you.)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How Did You Learn About Us?

Advertisement in Valley News

Relative

Employment Agency

Walk-In

Friend

Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address:      *Number*                      *Street*

City                      *State*                      *Zip Code*

Telephone Number(s):

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you are under 18 years of age, can you provide the required proof of your eligibility to work?

Not Applicable       Yes  No

Have you ever filed an application with us before?

Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date: \_\_\_\_\_

Are you currently employed:

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain. \_\_\_\_\_

## EDUCATION

|                       | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School     |                            |                 |                 |                |
| High School           |                            |                 |                 |                |
| Undergraduate College |                            |                 |                 |                |
| Graduate Professional |                            |                 |                 |                |
| Other (Specify)       |                            |                 |                 |                |

Indicate any foreign languages you can speak, read and/or write

|       | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK |        |      |      |
| READ  |        |      |      |
| WRITE |        |      |      |
|       |        |      |      |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military:

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Dates Employed:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate/Salary:  
Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Dates Employed:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate/Salary:  
Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Dates Employed:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate/Salary:  
Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

4. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Dates Employed:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly Rate/Salary:  
Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business and civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment and other experience.

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## Specialized Skills

## Check Skills and Equipment Operated

|   |  | Production/Mobile<br>Machinery (list):    | Other (list):   |
|---|--|---|---|
| <input type="checkbox"/> Telephone        | <input type="checkbox"/> Excel             | <input type="checkbox"/> Dump Truck       | <input type="checkbox"/> CDL License, Class B<br>with air brake endorsement |
| <input type="checkbox"/> PC               | <input type="checkbox"/> Windows           | <input type="checkbox"/> Snow Plow & Wing | <input type="checkbox"/> State Driver's License                             |
| <input type="checkbox"/> Calculator       | <input type="checkbox"/> Word For Windows  | <input type="checkbox"/> Backhoe          |   |
| <input type="checkbox"/> Typewriter       | <input type="checkbox"/> Access            | <input type="checkbox"/> Front-End Loader |   |
| <input type="checkbox"/> Modem            | <input type="checkbox"/> Vision Appraisal  | <input type="checkbox"/> Road Grader      |   |
| <input type="checkbox"/> FAX              | <input type="checkbox"/> Internet          | <input type="checkbox"/> Sander           |   |
| <input type="checkbox"/> Other            | <input type="checkbox"/> Other Commercial  | <input type="checkbox"/> Chainsaw         |   |
| <input type="checkbox"/> Two-Way<br>Radio | <input type="checkbox"/> Software Programs | <input type="checkbox"/> Wood Chipper     |   |
| <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/> Brushcutter      |   |
| <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/> Mower            |   |

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**References**

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Telephone Number

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Telephone Number

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Telephone Number

\_\_\_\_\_  
(Address)