

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.

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

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:

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills and Equipment Operated

		Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Telephone	<input type="checkbox"/> Excel	<input type="checkbox"/> Dump Truck	<input type="checkbox"/> CDL License, Class B
<input type="checkbox"/> PC	<input type="checkbox"/> Windows	<input type="checkbox"/> Snow Plow & Wing	with air brake endorsement
<input type="checkbox"/> Calculator	<input type="checkbox"/> Word For Windows	<input type="checkbox"/> Backhoe	<input type="checkbox"/> State Driver's License
<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	<input type="checkbox"/> Software Programs	<input type="checkbox"/> Wood Chipper	
<input type="checkbox"/> Radio	<input type="checkbox"/> _____	<input type="checkbox"/> Brushcutter	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Mower	<input type="checkbox"/> _____

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

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)