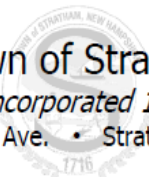


APPLICATION FOR EMPLOYMENT


Town of Stratham
Incorporated 1716
 10 Bunker Hill Ave. • Stratham, NH 03885

APPLICANT INFORMATION (If additional space is needed, please feel free to use the bottom of the 3rd page or use an attachment.)

Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City		ST	Zip		Phone		E-mail		
When are you available for work?									
Are you looking for Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp Work <input type="checkbox"/>									
Position Applied for									
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain									
Have you ever applied with us before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when? What position?									
Have you ever been arrested for a serious crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain									
Do you have a motor vehicle license? YES <input type="checkbox"/> NO <input type="checkbox"/> State Lic. # Type									
Has your motor vehicle license ever been suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain									
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Are you physically or otherwise able to perform the duties required of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Are you willing to submit to a physical exam and/or drug test? Yes <input type="checkbox"/> No <input type="checkbox"/>									

EDUCATION

High School

Address				
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

College

Address				
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Other

Address				
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			

REFERENCES CONTINUED				
Full Name		Relationship		
Company		Phone ()		
Address				
Full Name		Relationship		
Company		Phone ()		
Address				
PREVIOUS EMPLOYMENT				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Wage	\$	per	Ending Wage \$ per
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Wage	\$	per	Ending Wage \$ per
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Wage	\$	per	Ending Wage \$ per
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
MILITARY SERVICE				
Branch		From To		
Rank at Discharge		Type of Discharge		
If other than honorable, explain				
Explain any job related training while in the military				

DISCLAIMER, CERTIFICATION, AUTHORIZATION OF RELEASE, AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including conducting a background investigation, contacting past employers (except those specifically excluded), and contacting government agencies. I agree to fully cooperate in the Town of Stratham's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Stratham is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Board of Selectmen of the Town of Stratham.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination. I also understand that I am required to abide by all rules and regulations of the Employer.

Signature:

Date:

The Town of Stratham considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.