



Town of Pittsfield, New Hampshire

P.O. Box 98 ~ 85 Main Street, Pittsfield NH 03263

telephone (603) 435-6773 ~ fax (603) 435-7922

email ~ pittsfieldnh@metrocast.net

Application for Employment

Date: _____

The Town of Pittsfield is an equal opportunity employer.

Programs, services, and employment are available to everyone equally. Please inform the Selectmen's Office if you require reasonable accomodation for the application or interview.

Position applied for:

Personal Information

Full Name: _____ Social Security #: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone #: (____) _____ E-Mail Address: _____

Are you currently employed? Yes No Date available to start: _____ Salary Requirement: _____

Who referred you to us? _____

Have you ever applied to this company before? Yes No Position? _____ When? _____

Education History

High School: _____ Location: _____
of years completed: _____ Did you graduate? Yes No

College: _____ Location: _____
of years completed: _____ Did you graduate? Yes No Degree/Major: _____

Other: _____ Location: _____
of years completed: _____ Did you graduate? Yes No Degree/Major: _____

Summarize your special skills or qualifications: _____

Employment History

Please begin with most recent position.

Dates of employment: From To Job title:

Employer: Location:

May we contact this employer for a reference? Yes No

Phone #: () Supervisor:

Job duties:

Starting salary & title: Ending salary & title:

Reason for leaving:

Dates of employment: From To Job title:

Employer: Location:

May we contact this employer for a reference? Yes No

Phone #: () Supervisor:

Job duties:

Starting salary & title: Ending salary & title:

Reason for leaving:

Dates of employment: From To Job title:

Employer: Location:

May we contact this employer for a reference? Yes No

Phone #: () Supervisor:

Job duties:

Starting salary & title: Ending salary & title:

Reason for leaving:

References

Please furnish the names, addresses, and telephone numbers of two people whom you are not related and by whom you have known at least one year.

Name:

Phone #: ()

Address: City: State: Zip:

Name: _____

Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

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Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Town representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE PLEASE

Date: _____

Interviewed by: _____

Remarks: _____

Hired: Yes No

Approved by ~

Department: _____

Selectboard: _____

Position: _____

Selectboard: _____

Start Date: _____

Selectboard: _____

Salary/Wage: _____

Department: _____