



CITY OF LACONIA, NEW HAMPSHIRE

45 Beacon Street, East
Laconia, NH 03246

Application for Employment

Employees of the city and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, pregnancy, or disability.

(Please Print or Type)

NOTE: If you will require special accommodation in order to apply for this position, please notify the Personnel Department prior to the deadline for submitting applications for this position.

Date:

PERSONAL

Position applied for:		Dept:	
Availability: Full Time []		Part Time: [] Seasonal []	
Full Name:			
Street Address:		Home Phone: ()	
City:	State:	Zip:	Work Phone: ()
Have you ever been employed with us before?		No []	Yes [] If yes, provide details here
Title of Position held:		Termination Date:	
Reasons for leaving:			
List any of your relatives who currently work for the City of Laconia.			
Name	Department	Relationship	
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes [] No []			
Are you a citizen of the United States? Yes [] No []			
If no, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act? Yes [] No []			

EDUCATION

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

DATE:

NAME:

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No

If yes, what branch?

Type of Discharge? Rank at discharge:

Describe any training received which would be relevant to the position for which you are applying:

Dates of active duty:

SPECIFIC SKILLS

List technical / professional licenses or certifications you hold:

List office machinery, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

REFERENCES

List three (3) personal references who are not former employers or related to you:

Name & Occupation	Address	Phone	Relationship

MISCELLANEOUS INFORMATION

May we share your application with other departments within the City of Laconia? Yes No

Have you ever applied for a position with us before? Yes No
If yes, give date and the position:

ADDITIONAL INFORMATION

Use this space for any further information you think would help us evaluate your application:

EMPLOYMENT HISTORY

(List most recent employer first. Please account for any gaps in employment record)

Company:		Your Title:	
Street Address:		Employed From:	
City, State, Zip:		Employed To:	
May we contact your present employer?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	Salary or Rate of Pay:	Starting: _____ Per _____ Ending: _____ Per _____
Responsibilities:			
Supervisor's name:		Phone No.:	
Reasons for leaving:			

Company:		Your Title:	
Street Address:		Employed From:	
City, State, Zip:		Employed To:	
Salary or Rate of Pay:	Starting:	Ending:	
Responsibilities:			
Supervisor's name:		Phone No.:	
Reasons for leaving:			

Company:		Your Title:	
Street Address:		Employed From:	
City, State, Zip:		Employed To:	
Salary or Rate of Pay:	Starting:	Ending:	
Responsibilities:			
Supervisor's name:		Phone No.:	
Reasons for leaving:			

Company:		Your Title:	
Street Address:		Employed From:	
City, State, Zip:		Employed To:	
Salary or Rate of Pay:	Starting:	Ending:	
Responsibilities:			
Supervisor's name:		Phone No.:	
Reasons for leaving:			

If needed, please attach additional sheets to include additional employment history.

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I **CERTIFY** that all entries on this application for employment and attachments are true and complete, and I agree and understand that any falsification of information herein, material half-truths, material misstatements or omissions regardless of their time of discovery, may cause forfeiture on my part to any employment with the City of Laconia. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application.

I **AUTHORIZE** the City of Laconia to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, performance, attendance, personal history, disciplinary, arrest and conviction records (both juvenile and adult). Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documents supplied to me, if any) to provide the City of Laconia any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the City of Laconia's use only.

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

(Applicant's Signature)

(Date)

The City of Laconia is an Equal Opportunity Employer