

TOWN OF MILFORD
Town Hall – 1 Union Square, Milford, NH 03055-4240

Web site: www.milford.nh.gov

Fax No.: (603) 673-2273

As an equal opportunity and affirmative action employer, all applicants are welcome and will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, mental disability, or the presence of a non-job related handicap. If employed, this application will become a part of your permanent record. Please fill it out carefully and accurately. All information will be treated as confidential.

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC.



PLEASE COMPLETE ENTIRE APPLICATION FORM
Incomplete applications may not be considered

Please print legibly throughout the form

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	Date
Permanent Address	City	State Zip Code	Home Phone No.
Present Mailing Address (if different)	City	State Zip Code	Work Phone No.
Social Security Number*: Do Not Enter This Info Now	Are you over 18 years of age (21 for Police Department)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, type of Visa (if any) _____ Number: _____ Date of Entry: _____		
<i>*Strict confidentiality of Social Security Number will be maintained.</i>		E-mail Address:	

EMPLOYMENT DESIRED			
Position	Date you can start?	Salary Desired?	F/T <input type="checkbox"/> Summer <input type="checkbox"/> P/T <input type="checkbox"/> Temporary <input type="checkbox"/>
Have you ever been employed by the Town of Milford? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	
In what Department?		Supervisor's Name:	

EDUCATION	Name and Location of School	No. of years Attended	Degree/ Type	Major Subject Studied
High School				
College/University				
Trade, Business or Correspondence School				
Other education or special training. (Includes Military Service Schools, etc.)				

GENERAL

Subjects of Special Study or Research work: _____

U.S. Military, National Guard or Reserves? Yes No Rank: _____

Honorable Discharge? Yes No Currently in Service? Yes No

Have you ever been convicted of a crime of a misdemeanor or felony level? Yes No If yes, give date, place, charge and disposition: _____

Note: Previous convictions do not exclude an applicant from consideration for employment

PRIOR RESIDENCES: Please list below to the best of your ability all addresses at which you have resided since age 18:

Street Address	City	State	Zip Code

SPECIAL SKILLS / LICENSES

If driving is an *essential job function*, do you have a valid driver's license? Yes No **(Photocopy required)** If yes, what State: _____

Type: _____ License No.: _____ Expiration Date: _____

Have you ever been bonded? Yes No Typing/Shorthand: _____ WPM: _____ / _____

What software/computer skills do you have? _____

Certifications Held **(Photocopies required)** _____

What machines can you operate? _____ Other: _____

EXPERIENCE – WORK HISTORY

In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current and most recent position. You should emphasize work experience most pertinent to the position for which you are applying. Attach resume as appropriate.

PLEASE NOTE: RESUMES WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer: Address: Phone:

Your Job Title: Supervisor (Name/Title):

Dates of Employment: **From:** Mo: Year: **To:** Mo: Year: Hours Worked Per Week: May we contact?

Specific Duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have authority to hire or fire?

Reason you left this position:

Employer: Address: Phone:

Your Job Title: Supervisor (Name/Title):

Dates of Employment: **From:** Mo: Year: **To:** Mo: Year: Hours Worked Per Week: May we contact?

Specific Duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have authority to hire or fire?

Reason you left this position:

Experience/Work History (Continued):

Employer: **Address:** **Phone:**

Your Job Title: **Supervisor (Name/Title):**

Dates of Employment: From: Mo: Year: **To:** Mo: Year: **Hours Worked Per Week:** **May we contact?**

Specific Duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have authority to hire or fire?

Reason you left this position:

REFERENCES (Give the names of three (3) persons not related to you and whom you have known for at least one (1) year)

Name	Company Name	Address (City/State)	Phone #	Years Acquainted
1.				
2.				
3.				

CERTIFICATION/AUTHORIZATIONS: I certify that the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Milford to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. I understand that refusal to grant this authorization will not necessarily void my application. If employed by the Town of Milford, I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Milford to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Milford may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in this screening process shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Milford.

_____ Date

_____ Signature