

Town of Newport
15 Sunapee St., Newport, NH 03773

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, marital status, disability, age, veteran or military status, or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Town Manager's Office.

PLEASE PRINT (USE INK)

PERSONAL:

Name: _____
(Last) (First) (Middle)

Driver's License # _____ Type of License _____

Current Address: _____ Telephone: _____
(Street) (City) (State) (Zip Code) (Include Area Code)

Permanent Address (if different) _____ Email Address: _____
(Street) (City) (State) (Zip Code)

Have you ever applied for employment here before? _____ Yes _____ No If yes, when? _____

Have you ever worked for the Town before? _____ Yes _____ No If yes, when? _____

Dates of Employment _____ Reason for Leaving _____

Are you willing to work evenings or weekends as needed? _____

EDUCATION/TRAINING:

	Name	City/State	Yes or No	Highest Grade Completed	Type of Degree Major
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____

Commercial courses completed (Include skills, typing, shorthand, business machines, personal computers, etc.) _____

Professional Licenses/certifications held _____

Did you serve in the US Armed Forces? _____ Yes _____ No If Yes, which branch? _____

GENERAL:

Are authorized to work in the United States? _____ Yes _____ No (Proof of citizenship or immigration status will be required upon employment.)

Are you 18 years old or older? _____ Yes _____ No How did you happen to contact our company? _____

Are you available to work full-time _____ part-time _____ Temporary _____? If part-time, indicate maximum hours per week _____

What position are you applying for? _____ Starting salary desired _____

Can you perform the essential functions of the job without a reasonable accommodation? _____ Yes _____ No

Are you currently on layoff or leave from another employer? _____ Yes _____ No

**WORK EXPERIENCE:
PRESENT OR MOST RECENT EMPLOYMENT**

Company _____ Address _____
(Street) (City) (State)

May We Contact Your Present Employer? ____ Yes ____ No

Telephone _____ Kind of Business _____ Name and Title of
Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT: (Use additional sheets, if necessary, to describe all previous employment.)

Company _____ Address _____
(Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of
Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____
(Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of
Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____
(Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of
Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
(Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

PREVIOUS EMPLOYMENT:

Company _____ Address _____ (Street) (City) (State)

Telephone _____ Kind of Business _____ Name and Title of Immediate Supervisor _____

Employed From _____ to _____ Job Title _____
 (Mo., Yr.) (Mo., Yr.)

Duties Performed _____

Starting Salary _____ Final Salary _____ Reason for Leaving _____

CONVICTION INFORMATION:

Have you ever been convicted of a crime (including pleading guilty or no contest) that has not been annulled by a court, except for minor traffic violations? ____ Yes ____ No (If yes, please fill in information below.)

Conviction information will not necessarily bar an applicant from employment.

	Date	Reason	Disposition of Case	Place
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

NOTICE: PLEASE READ BEFORE SIGNING

- If I am hired, I agree to abide by the rules and policies of the Town.
- I understand that if I am hired, my employment will be for no definite period, and that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of either the Town or me.
- I authorize all persons, companies, prior employers, schools, credit bureaus, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. I also release the Town and its agents from all liability from damages arising from this research of my background.
- I certify that the information contained in this application is complete and correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Town policy.
- I certify that all of the information that I provide on this application or in any interview will be complete, true, and accurate. I understand that if I am hired, and any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged.

I have read the above Notice Section or have had someone read or explain to me, and I fully understand it.

_____ (Print Name) _____ (Signature) _____ (Date)

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer, we comply with the government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and **are not** a part of your Application for Employment or personnel file. **PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times require reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

<input type="checkbox"/> Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Birthdate: _____
<input type="checkbox"/> <u>Marital Status</u>	<input type="checkbox"/> Female Head of Household (Sole Support)
<input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
<input type="checkbox"/> # of Dependents (including yourself)	<input type="checkbox"/> Current Job: _____
<input type="checkbox"/> Check One of the Following (Ethnic Origin)	<input type="checkbox"/> Check If Any of the following apply:
<input type="checkbox"/> White <input type="checkbox"/> African-American	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Elderly(65+)
<input type="checkbox"/> Native American/Native Alaskan	<input type="checkbox"/> Handicapped Individual
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Other	



Employee/Applicant Release for Background Check

I authorize all persons, companies, prior employers, schools, credit bureaus, and government agencies to supply any information concerning my background, education, and employment, and release all parties from all liability for any damage that may result from furnishing same to you. I also release the Town of Newport and its agents from all liability from damages arising from this research of my background.

(Print Name)

(Signature)

(Date)



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Hair Color _____ Eye Color _____ Male Female
Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____
Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Town of Newport, Town Manager's Office, ATTN: Joanne Dufour

Address 15 Sunapee Street city Newport State NH Zip 03773

Your Signature _____ Date _____

Notary's Signature _____

(Affix Seal)

Signature of person/entity to receive record _____ Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

LIVESCAN - \$47.00 INKED - \$47.00 VOLUNTEERS - \$20.75 (Livescan or Ink)
NH Only- \$25.00

Prepaid Account Number _____

NOTE: Make checks payable to: State of NH – Criminal Records

Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.