

**APPLICATION FOR EMPLOYMENT**  
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES / NO PHONE # APT #

IN CASE OF EMERGENCY,  
NOTIFY: \_\_\_\_\_  
LAST NAME FIRST NAME ADDRESS PHONE #

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF THE VISA OR  
IMMIGRATION STATUS? YES / NO

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED WITH THE TOWN BEFORE? \_\_\_\_\_ IF SO, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THE TOWN BEFORE? \_\_\_\_\_ IF SO, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

WHO REFERRED YOU? PERSON: \_\_\_\_\_ EMPLOYMENT AGENCY: \_\_\_\_\_

ADVERTISEMENT: \_\_\_\_\_ STATE EMPLOYMENT OFFICE: \_\_\_\_\_

COLLEGE PLACEMENT: \_\_\_\_\_ OTHER: \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL	NAME/LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

\_\_\_\_\_

TRAINING: \_\_\_\_\_

\_\_\_\_\_

SKILLS: \_\_\_\_\_

## FORMER EMPLOYERS (LIST BELOW THE LAST 3 EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

1. NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ JOB DESCRIPTION/DUTIES: \_\_\_\_\_

\_\_\_\_\_

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ / NO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

2. NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ JOB DESCRIPTION/DUTIES: \_\_\_\_\_

\_\_\_\_\_

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ / NO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

3. NAME AND ADDRESS OF EMPLOYER: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ JOB DESCRIPTION/DUTIES: \_\_\_\_\_

\_\_\_\_\_

NAME/TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES \_\_\_\_\_ / NO \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES (GIVE NAMES OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)**

NAME	ADDRESS/PHONE #	BUSINESS	YEARS AQUAINTED

**SERVICE RECORD**

MILITARY BRANCH: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

**SPECIAL QUESTIONS**

**\*\*DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.**

HEIGHT: \_\_\_\_ FEET \_\_\_\_ INCHES ARE YOU A CITIZEN OF THE UNITED STATES? YES \_\_\_\_\_ / NO \_\_\_\_\_

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMATION?

JOB FUNCTION 1 \_\_\_\_\_ YES \_\_\_\_\_ / NO \_\_\_\_\_

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASK AND WITH WHAT ACCOMMODATION: \_\_\_\_\_

JOB FUNCTION 2 \_\_\_\_\_ YES \_\_\_\_\_ / NO \_\_\_\_\_

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASK AND WITH WHAT ACCOMMODATION: \_\_\_\_\_

WERE YOU EVERY SERIOUSLY INJURED? YES \_\_\_\_\_ / NO \_\_\_\_\_ GIVE DETAILS \_\_\_\_\_

WHAT FOREIGN LANGUAGE(S) DO YOU SPEAK FLUENTLY? \_\_\_\_\_

READ \_\_\_\_\_ WRITE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?

YES \_\_\_\_\_ / NO \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

I UNDERSTAND AND AGREE THAT I MAY BE REQUESTED TO TAKE ONE OR MORE PHYSICAL EXAMINATIONS AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY THE TOWN OF WOLFEBORO AND TO RELEASE THE TOWN OF WOLFEBORO, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TESTS YES \_\_\_\_\_ / NO \_\_\_\_\_

\*YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

### EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

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 Town of Wolfeboro 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 of Wolfeboro 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 representative of the Town of Wolfeboro.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Town Manager \_\_\_\_\_ Date \_\_\_\_\_

Department Manager \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Specialist \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE ON THE PAGE

FOR INTERVIEWER ONLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED \_\_\_\_\_ FOR DEPT \_\_\_\_\_ POSITION \_\_\_\_\_

SALARY/WAGES \_\_\_\_\_ WILL REPORT \_\_\_\_\_

APPROVED \_\_\_\_\_ TOWN MANAGER DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DEPARTMENT MANAGER DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ HUMAN RESOURCES SPEC. DATE \_\_\_\_\_