



TOWN OF
BROOKLINE, NEW HAMPSHIRE
SELECTBOARD

P.O. BOX 360 – 1 Main Street
BROOKLINE, NH 03033-0360

Telephone (603) 673-8855
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Selectboard@brookline.nh.us

<http://www.brookline.nh.us>

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____
(number) (street) (city/town) (state) (zip code)

Telephone _____ Are you over 18 years old? Yes () No ()

Are you authorized to work in the U.S. on an unrestricted basis? Yes () No ()

Have you worked here before? Yes () No ()

For what position are you applying? _____

Have you ever been convicted of a felony? Yes () No ()
(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

<u>EDUCATION</u>	<u>NAME & LOCATION OF SCHOOL</u>	<u>MAJOR</u>	<u>DIPLOMA/DEGREE</u>
High School	_____	_____	_____
College/University	_____	_____	_____
College/University	_____	_____	_____
Other Training/Education	_____	_____	_____

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with us?

When can you start? _____ Salary desired _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer _____ Telephone _____

Address _____

Date Started & Starting Salary: _____ Starting Position _____

Date Left & Salary on Leaving _____ Position on Leaving _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Previous Employer _____ Telephone _____

Address _____

Date Started & Starting Salary: _____ Starting Position _____

Date Left & Salary on Leaving _____ Position on Leaving _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Previous Employer _____ Telephone _____

Address _____

Date Started & Starting Salary: _____ Starting Position _____

Date Left & Salary on Leaving _____ Position on Leaving _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Please circle: Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Please circle: Yes No

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Town of Brookline to make an investigation of any of the facts set forth in this application and release the Town, its officers and employees from any liability.

Date: _____

Applicant's Signature: _____

APPLICANT'S CONSENT TO BACKGROUND CHECK

I understand that a pre-employment background check (including, but not limited to Consumer Credit Report and Motor Vehicle Report) will be conducted by the Town or its representative based upon the information I have provided on this application. I authorize the Town to conduct such a background check.

Date: _____

Applicant's Signature: _____