



TOWN OF
BROOKLINE, NEW HAMPSHIRE

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

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

Telephone (603) 673-8855
Fax (603) 673-8136

APPLICATION FOR EMPLOYMENT

Name _____ Date _____

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

Telephone _____ Email _____

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:

EDUCATION NAME & LOCATION OF SCHOOL MAJOR DIPLOMA/DEGREE

High School _____

College/University _____

College/University _____

Other Training/Education _____

When can you start? _____

Salary desired _____

WORK HISTORY

May we contact your present employer? Yes No

Current Employer _____ Telephone _____

Address _____

Date Started & Starting Pay _____ Starting Position _____

Current Pay _____

Name & Title of Supervisor _____

Description of Duties _____

Previous Employer _____ Telephone _____

Address _____

Date Started & Starting Pay _____ Starting Position _____

Date Left & Pay Rate on Leaving _____ Position on Leaving _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

Previous Employer _____ Telephone _____

Address _____

Date Started & Starting Pay _____ Starting Position _____

Date Left & Pay Rate on Leaving _____ Position on Leaving _____

Name & Title of Supervisor _____

Description of Duties _____

Reason for Leaving _____

REFERENCES

Give name, address and telephone number of three professional references we may contact:

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 pre-employment background checks (including, but not limited to, a Criminal Records Check and Motor Vehicle Report) will be conducted by the Town or its representative based upon the information I have provided in this application. I authorize the Town to conduct such background checks.

Date:_____ Applicant’s Signature:_____

APPLICANT’S CERTIFICATION THAT EMPLOYMENT IS “AT-WILL”

I understand that all employment with the Town of Brookline is on an “at-will” basis, and that employees may resign or be terminated at any time. I further understand that neither this application nor any personnel forms constitute an employment contract.

Date:_____ Applicant’s Signature:_____