



TOWN OF LONDONDERRY

268B Mammoth Road, Londonderry, NH 03053

APPLICATION FOR EMPLOYMENT

Employees of the Town and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, sexual orientation, religion, sex, national origin, age, marital status or disability.

The Town of Londonderry will make reasonable efforts in the employment process to accommodate persons with disabilities. If you will require special accommodations during the application/hiring process, please notify Human Resources prior to the deadline for submitting an application for this position.

Applications remain active for a maximum of one (1) year.

(Please Print or Type)

Date:

POSITION DATA

Position applied for:

Department:

Availability Date:

Full-time ☐ Part-time ☐ Seasonal ☐ Call/Volunteer ☐

BIOGRAPHICAL DATA

Full Name:

Email:

Street Address:

Cell Phone: ()

City:

State:

Zip:

Other Phone: ()

Have you ever been employed with us before? No ☐

Yes ☐

If yes, provide details below.

Title of Position held:

Termination Date:

Reasons for leaving:

List any relative currently working for the Town of Londonderry:

Name	Department	Relationship

Do you have a legal right to accept employment in the United States? Yes ☐ No ☐

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes ☐ No ☐

EDUCATION

Did you receive a high school diploma or GED?

Yes ☐ No ☐

Years of high school completed: 7 8 Years of college completed: college:

	School (name, city, state)	Years Completed	Degree	Course of Study
High School				
Undergraduate College/University				
Graduate/Professional College/University				
Other Education (i.e., Technical, Business)				

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (List most recent employer first)	
Company:	Your Title:
Street Address:	Employed From (date):
City, State, Zip:	Employed To (date):
May we contact your present employer? Yes [] No []	Current Salary or Rate of Pay: Starting: _____ Per _____ Ending: _____ Per _____
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
Salary or Rate of Pay:	Starting: Ending:
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
Salary or Rate of Pay:	Starting: Ending:
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	
Company:	Your Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
Salary or Rate of Pay:	Starting: Ending:
Responsibilities:	
Supervisor's name:	Phone No.:
Reasons for leaving:	

If needed, please attach additional sheets to include additional employment history.

MILITARY

Have you ever served in the US Armed Forces? YES ____ NO ____

If yes, what branch? _____

Rank at discharge: _____

Describe military training which would be relevant to the position for which you are applying:

SPECIFIC SKILLS

List technical/professional licenses or certification you hold:

List office machines, heavy equipment, vehicles or other machinery you can operate:

List any job-related specialized training you have received:

DRIVING HISTORY (Use additional sheets if necessary):

List ALL presently unexpired motor vehicle operator's licenses you hold:

License #: _____ Issuing State: _____ Expires: _____ Type: _____

License #: _____ Issuing State: _____ Expires: _____ Type: _____

Provide complete motor vehicle accident record for the past 3 years:

Date: _____ **Nature of Accident (Head-on, Rear-ended, etc.):** _____

_____	_____
_____	_____
_____	_____

List ALL traffic convictions (other than parking violations) and ALL license suspensions and/or forfeitures you have incurred during the past 3 years:

Date: _____ **Location:** _____ **Description:** _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

List three professional references who are not related to you:

Name & Occupation	Email Address	Phone	Relationship

MISCELLANEOUS INFORMATION

Have you ever applied for a position with us before? Yes ☐ No ☐

If Yes, give date and the position:

How did you find out about this employment opportunity?

☐ Town Website ☐ Social Media ☐ Other (Please describe below):
☐ Town Job Posting ☐ Newspaper

ADDITIONAL INFORMATION

Use this space for any further information you think would help us evaluate your application:

CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

In submitting this application for consideration and as indicated by my signature below, I hereby certify that all responses provided herein and throughout the application process are true and complete to the best of my knowledge. I authorize the Town of Londonderry and/or its authorized agent(s) to investigate my personal and employment history, and financial and credit record. I further authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I understand that should an investigation at any time disclose any misrepresentations and/or falsifications as stated herein, upon any other employment-related form or made during an interview(s), my application will be rejected and should I become or already be employed with the Town of Londonderry, my employment may be terminated.

I understand that if I am employed by the Town of Londonderry, I am required to become familiar with and abide by all rules and regulations of the Town of Londonderry as established and amended from time to time. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship established with the Town of Londonderry is of an "at will" nature, which means that the employee may resign at any time and the Town of Londonderry may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by written instrument or by conduct unless such change is specifically acknowledged, in writing, by an authorized representative of the Town of Londonderry.

I release any individual, including record custodians, from any and all liability for damages of whatever kind or nature that may, at any time, happen to me as a result of compliance, or any attempts to comply with this authorization.

(Applicant's Signature)

(Date)

The Town of Londonderry is an Equal Opportunity Employer