



TOWN OF NEWINGTON

Police Department, 71 Fox Point Road 03801

Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

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

The Town of Newington will make reasonable effort in the employment process to accommodate person 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.

PERSONAL INFORMATION

DATE _____

NAME: (LAST, FIRST, MIDDLE)		Are you a US citizen or legally authorized to work in this country?	
		YES _____ NO _____	
PRESENT OR MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER: ()	EMAIL ADDRESS:		REFERRED BY:

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
HAVE YOU EVER APPLIED WITH THE TOWN OF NEWINGTON BEFORE?	WHERE?	WHEN?

EDUCATION HISTORY

LEVEL OF EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	STUDIES OR MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR SPECIAL TRAINING OR SKILLS, INCLUDING LICENSES AND CERTIFICATIONS:					
US MILITARY EXPERIENCE (YEARS & BRANCH OF SERVICE)		RANK/RATE ATTAINED:		HONORABLE DISCHARGE?	
Have you ever been convicted of or plead no contest to a crime which was not annulled by a court? (Circle one)					
YES NO If yes, explain; this does not automatically exclude you from consideration.					
DRIVER'S LICENSE NUMBER:	STATE:	TYPE:	EXPIRATION DATE:	RESTRICTIONS:	VALID?
					Y N

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APPLICANT NAME (LAST, FIRST, MIDDLE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT/PRESENT EMPLOYER).

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	LAST SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: (PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

**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 Newington 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 and 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 Newington, my employment may be terminated.

I understand that if I am employed by the Town of Newington, I am required to become familiar with and abide by all rules and regulations of the Town of Newington 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 Newington is of an "at will" nature, which means that the employee may resign at any time and the Town of Newington 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 Newington.

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.

SIGNATURE _____

DATE _____

RECEIVED BY: _____

DATE/TIME: _____

APPROVED: _____
DEPARTMENT HEAD DATE_____
TOWN ADMINISTRATOR DATE