

# Town of Carroll

## Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

Town of Carroll  
P.O. Box 146  
Twin Mountain, NH 03595

### APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

<b>PLEASE COMPLETE PAGES 1-5</b>	<b>DATE:</b> _____
<b>NAME:</b> _____	
LAST	FIRST
MIDDLE	MAIDEN
<b>PRESENT ADDRESS:</b> _____	
NUMBER	STREET
CITY/TOWN	STATE
ZIP	
<b>SOCIAL SECURITY #:</b> _____ - _____ - _____	
<b>HOW LONG:</b> _____	
<b>TELEPHONE:</b> _____	
<b>IF UNDER 18, PLEASE LIST AGE:</b> _____	
<b>POSITION APPLIED FOR:</b> _____	<b>DAYS / HOURS AVAILABLE TO WORK</b>
	No Pref. _____ Thurs. _____
	Mon. _____ Fri. _____
	Tues. _____ Sat. _____
	Wed. _____ Sun. _____
<b>SALARY DESIRED:</b> _____ <i>(BE SPECIFIC)</i>	
<b>HOW MANY HOURS CAN YOU WORK WEEKLY:</b> _____	<b>CAN YOU WORK NIGHTS:</b> _____
<b>EMPLOYMENT DESIRED:</b> <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL OR PARTIME	
<b>WHEN AVAILABLE FOR WORK?</b> _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE ADDRESS)	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?**     NO     YES

If YES, explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

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**APPLICATION FOR EMPLOYMENT**

**MILITARY**

**HAVE YOU EVER BEEN IN THE ARMED FORCES?**       YES       NO

**ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?**       YES       NO

**SPECIALTY:** \_\_\_\_\_ **DATE ENTERED:** \_\_\_\_\_ **DATE DISCHARGED:** \_\_\_\_\_

**WORK EXPERIENCE:** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Use additional sheets if necessary.**

Name of Employer: Address: City, State, Zip Code: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
<b>Your Last Job Title:</b>			
<b>Reason for Leaving (be specific):</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:</b>			

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<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:</b>  			

May we contact your present employer?     YES     NO

Did you complete this application yourself?     YES     NO

If not, who did? \_\_\_\_\_



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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by The Town of Carroll, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as may exist from time to time, or other company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Town of Carroll or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Selectmen of the Town of Carroll. Both the undersigned and the Town of Carroll may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town of Carroll may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statement contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Carroll permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Carroll from any liability as a result of such contract.

I also understand that (1) the Town of Carroll has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing od testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Town of Carroll may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Town of Carroll will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Town of Carroll shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Town of Carroll is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The Town of Carroll is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with the Town of Carroll depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment with the Town.

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, born in \_\_\_\_\_,

having filed an application for employment with the TOWN OF CARROLL consent herein to have an investigation made as to my moral character, reputation, and fitness for the position for which I applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation.

I also authorize and request every person, firm company, corporation, partnership, governmental agency, court, association, medical profession\*, medical facility or institution\*, school, college, or branch of the military having control of any documents, records, reports or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to the TOWN OF CARROLL or any of its agents or representatives.

I hereby release, exonerate and discharge the TOWN OF CARROLL, its agents and representatives, and any other person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the said TOWN OF CARROLL or its agents ore representatives.

It has been explained to me, and I fully understand, that refusal to grant this authorization will not necessarily void my application.

The authority shall continue for one year from the above date unless sooner revoked by me in writing.

\_\_\_\_\_  
Signature of applicant \_\_\_\_\_ New Hampshire  
County of \_\_\_\_\_

Personally appeared the above-named \_\_\_\_\_ before me,  
\_\_\_\_\_, and acknowledged the foregoing to be his/her  
Justice of the Peace or Notary Public  
voluntary act and deed.

\*Medical records will not be sought unless and until you have been given a conditional offer of probationary employment.