Town of Hudson
Information Technology Department

Application for IT Technician

Please PRINT Clearly

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
STREET

_____
TOWN/CITY STATE ZIP CODE

Cell #: _____ Email: _____

ANSWER THE FOLLOWING QUESTIONS:

YES	NO	
___	___	Are you a United States citizen?
___	___	Have you ever been convicted of a crime?
___	___	Have you ever been convicted of a felony?
___	___	Do you hold a valid New Hampshire Driver's License?

EDUCATION COMPLETED:

HighSchool/GED 2-Associates 4-Bachelors 6- Masters

List certifications, name of technical learning center and date completed:

Attach resume and mail to:	**Or fax by November 4th to:**
Hudson IT Department 12 School Street Hudson, NH 03051	603-881-3944 ATTN: IT Director