



**TOWN OF HUDSON, NH
HIGHWAY DEPARTMENT
2 Constitution Drive, Hudson, NH**

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

Where did you hear about the position?
 Advertisement Friend Inquiry Employment Agency Relative Other _____

PERSONAL INFORMATION

| | | |
|----------------------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
| Address | City | State |
| | | Zip Code |
| Telephone Number (s) | | |
| E-mail Address | | |

If you are under 18 years of age can you provide required proof of your eligibly to work?..... Yes No*

*The Town of Hudson is subject to certain child labor laws regarding employment of persons under the age of 18. An Employment Permit or Educational Certificate may be required. If under the age of 18, please indicate your date of birth _____.

Have you ever filed an application with us before? If Yes, give date Yes No

Have you ever been employed with us before? If Yes, give dates..... Yes No

Do you have a Commercial Drivers License? Yes No

If so what class A or B

Are you currently employed? Yes No

If yes, may we contact your employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment..... Yes No

Date available to work? _____ Are you able to work: Temporary Full Time Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Veteran of U.S. Military Service? Yes No

EDUCATION

| School | Name and Address of School | Courses of Study | No. of Years Completed | Diploma/Degree |
|-----------------------|----------------------------|------------------|------------------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Form # 001

Revision Date: 09/10

THE TOWN OF HUDSON IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion

gender, national origin, disabilities or other protected status.

| | | | |
|---|--------------------|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
| City | State | | |
| Telephone Number | | | |
| Job Title | Hourly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | |
| May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--------------------|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
| City | State | | |
| Telephone Number | | | |
| Job Title | Hourly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | |
| May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--------------------|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| Address | From | To | |
| City | State | | |
| Telephone Number | | | |
| Job Title | Hourly Rate/Salary | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | |
| May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

REFERENCES Do not include family members or past supervisors.

| Name | Phone Number | Best Time To Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

| | |
|---|---|
| <hr style="width: 80%; margin: 0 auto;"/> Signature of Applicant | <hr style="width: 80%; margin: 0 auto;"/> Date |
|---|---|