

Town of Littleton
125 Main Street Suite 200
Littleton, NH 03561

Application for Employment

The Town of Littleton is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____

Specific Position(s) applied for or type of work desired: _____

Address: _____

Telephone Number: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date available to start work: _____

Can you travel if required by this position: ___ Yes ___ No

Drivers license number: _____

Have you been previously employed by the Town of Littleton? ___ Yes ___ No

If you are under 18, can you furnish a work permit if required? ___ Yes ___ No

Have you been convicted of a crime in the last 7 years? ___ Yes ___ No

If yes, please explain) a conviction will not automatically bar employment) _____

How were you referred to us? _____

Application for Employment
Name: _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held _____
Address: _____ Telephone Number _____
Immediate Supervisor & Title: _____
Dates Employed: from _____ to _____ Salary/Wage: _____
Job Summary: _____
Reason for Leaving: _____

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Reason for Leaving: _____

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Other Skills & Complications

Summarize any job related training, skills, licenses, certificates, and/or

qualifications: _____

Educational History

List school name and location, years completed, course of study, and degrees

earned:

High School: _____

College: _____

Technical Training: _____

Other: _____

References

List 3 references names, telephone numbers, and year's known (do not include relatives or employers)

I hereby authorize the potential employer to contact, obtain, and otherwise verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information

I understand that any misrepresentation or material omission made by me on this application may be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired, failure to submit such proof within the required time shall result immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____

Date: _____