



Town of Wakefield, New Hampshire
 2 High Street
 Sanbornville, NH 03872
Selectmen's Office (603) 522-6205 Fax (603)522-6794
 townadmin@wakefieldnh.com

-Office Use Only- Application Received: By:
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Application for Employment

Please complete all sections completely and accurately.

I. General Information

Position Applied for : _____

Last Name: _____ First: _____ Middle Initial: _____

Permanent Address:

 Street Town State Zip Code

Telephone Number(s): Residence () _____ Daytime Telephone () _____

Mailing Address (if different):

 Street/P.O. Box Town State Zip Code

II. Employment History

Begin with your most recent employer. Explain any gaps in your employment history. If additional space is needed, please use the back.

Company Name	Position Held	Address/Telephone	Employed Dates From/To	Final Hourly Pay	Reason for Leaving
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					

III. Military Service

Service Branch	Years of Service	Rank Obtained	Present Status
			<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired

IV. Education and Training

Grade Level	Location	Grade Completed	Subject or Major
Grammar			
High School			
College			
Trade, Business, Correspondence School			

Please describe any special training and/or qualifications you may have for this position: _____

V. References

Please list three references (non-relative) that can address your abilities and qualifications for the position.

Name	Relationship	Address/Day Time Telephone	Years Known

VI. Acknowledgement

I have completed the above application to the best of my knowledge and hold that the statements incorporated herein are truthful. I understand that if any information is misrepresented or omitted by me, my application may no longer be considered valid and/or my employment may be terminated immediately.

Printed Name

Signature

Date