



**TOWN OF WAKEFIELD, NEW HAMPSHIRE**

ADMINISTRATION OFFICE

2 HIGH STREET

SANBORNVILLE NH 03872

TELEPHONE: (603) 522-6205 x307 FAX: (603) 522-6794

TOWNADMIN@WAKEFIELDNH.COM

Application Received (by & date): \_\_\_\_\_

**Application for Employment**

Please complete all section completely, clearly and accurately.

**I. General Information**

Position Applied for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Permanent Address:

Street \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s): Residence ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Mailing Address (if different):

Street/PO Box \_\_\_\_\_ Town/City \_\_\_\_\_ 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 or attach a separate sheet.

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"/>					
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  
 employment application 2017.docx

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date