



SETTLED 1623
INCORPORATED 1693

Town of New Castle
NEW CASTLE, NH 03854-0367

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Do you currently have the unrestricted ability to accept employment in the United States? YES NO Will you now or in the future require immigration sponsorship in order to work for the Town of New Castle? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony that has not been annulled by the Court? YES NO

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

I understand that any false answer, statement or omissions made by me on this application or any other required document will be considered sufficient cause for denial of employment or termination of employment. I hereby give the Town of New Castle the right to make a thorough investigation of my past employment, education and activities. Also I release the Town of New Castle and all persons, companies and corporations from all liability of providing such information. In consideration of my employment, I agree that, if hired, I will conform to the rules and regulations of the Town of New Castle.

Signature: _____ Date: _____

Equal Employment Opportunity

The Town of New Castle is committed to a policy of equal employment opportunity and does not discriminate in the terms, conditions, or privileges of employment on account of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or otherwise as may be prohibited by federal and state law.