



Application for Employment

Human Resources
3 Washington ST
Keene NH 03431-3191

To provide equal employment and advancement opportunities to all individuals, employment decisions at the City of Keene are based on merit, qualifications, and abilities. The City does not discriminate in employment opportunities on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation, marital or family status, or any other characteristic protected by law. The City of Keene is an equal opportunity employer.

PLEASE PRINT

Position(s) for which you are applying		Date of Application	
How did you learn of position?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Other - Please specify		<input type="checkbox"/> Relative	
Last Name	First Name	Middle Initial	
Address – Number & Street		City	State Zip Code
Telephone Number(s) at which to contact you, including area code(s)			
Email address(es) at which to contact you			

Have you ever filed an application with the City of Keene before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give approximate date(s)		
Have you previously been employed with the City of Keene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give job title, type of position and/or department	Approximate dates	
Are you available to work...	<input type="checkbox"/> Full Time?	<input type="checkbox"/> Part Time?
		<input type="checkbox"/> Temporary?
By what date would you be available for work?		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on layoff status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you authorized to work in the United States on an unrestricted basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any violation of the law (felony or misdemeanor) or uniform code of military justice that has not been officially annulled? If so, give date(s), location(s) and nature of the felony or misdemeanor conviction(s). <i>Conviction will not necessarily disqualify an applicant from employment; each case is considered individually.</i> If you leave this space blank, you are certifying that you have no current record of conviction.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone number(s)	Pay		
	Job title	Starting	Current/Final	
	Supervisor			
	Reason for leaving			
2	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone number(s)	Pay		
	Job title	Starting	Current/Final	
	Supervisor			
	Reason for leaving			
3	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone number(s)	Pay		
	Job title	Starting	Current/Final	
	Supervisor			
	Reason for leaving			
4	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone number(s)	Pay		
	Job title	Starting	Current/Final	
	Supervisor			
	Reason for leaving			

List professional, trade, business, or civic activities and offices held.

Describe any special job-related skills acquired, any equipment operated, or computer programs used.

EDUCATION

Type of School	Name and Location of School	Course of Study	Number of Years Completed	Diploma/Degree Obtained?
High School				
Technical Institute				
College/University				
Graduate/ Professional School				
Other				

Describe any specialized training or apprenticeships completed, foreign languages acquired, and/or extra-curricular activities in which you participated.

Describe any relevant job-related training received in the military.

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS - Do not answer this question unless you have reviewed the physical requirements of the job for which you are applying.

Are you capable of performing with or without a reasonable accommodation, the essential functions involved in the job for which you have applied? Yes No

REFERENCES

Name	Telephone
Address	Relationship
Name	Telephone
Address	Relationship
Name	Telephone
Address	Relationship

APPLICANT'S CERTIFICATION

- I certify that answers given herein are true, accurate, and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including my educational and employment history.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or in any interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the City of Keene.
- I release the City of Keene and all providers of information from any liability as a result of furnishing or receiving any information related to this application.
- I understand that applications are kept on file only in the recruitment file for this particular position for which I am applying. If I wish to apply for another position, I must request that this be re-activated or I must submit a new application.

Signature of Applicant	Date
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