

**Town of Madison  
1923 Village Rd; PO Box 248  
Madison, NH 03849  
603-367-4332**

**APPLICATION FOR EMPLOYMENT**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, sexual preference, religion, national origin, disability, or other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Physical Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Are you authorized to work in the U.S. on an unrestricted basis?  Yes  No

Have you filed an application here before?  Yes  No

For what position are you applying? \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do any of your friends or relatives work here?  Yes  No

Have you been shown a copy of the job description listing the essential functions of the job?  Yes  No

Can you perform these essential functions without reasonable accommodations?  Yes  No

Are there any hours, shifts, or days you cannot or will not work?  Yes  No

If yes, please list: Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_

Are you willing to work overtime as required?  Yes  No

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/ DEGREE
High School			
College/University			
College/University			
Other Training/Education			

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with us?

\_\_\_\_\_  
\_\_\_\_\_

When can you start? \_\_\_\_\_ Salary Desired \_\_\_\_\_

**WORK HISTORY**

May we contact your present employer?  Yes  No

Most Recent Employer		Address	Telephone
Date Started	Starting Salary: \$ _____ Per	Starting Position	
Date Left	Salary on Leaving: \$ _____ Per	Position on Leaving	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

Previous Employer		Address	Telephone
Date Started	Starting Salary: \$ _____ Per	Starting Position	
Date Left	Salary on Leaving: \$ _____ Per	Position on Leaving	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

Previous Employer		Address	Telephone
Date Started	Starting Salary: \$ _____ Per	Starting Position	
Date Left	Salary on Leaving: \$ _____ Per	Position on Leaving	
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statement, omissions, or misrepresentations may result in my dismissal. I authorize the Town of Madison (Town) to make an investigation of any of the facts set forth in this application and release the Town, its officers, and employees from any liability.

I understand that employment with the Town is "at-will," which means that either the Town or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Town, other than the Board of Selectmen in a signed writing, has any authority to alter the foregoing.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_