

**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 _____