

EMPLOYMENT APPLICATION FORM

City of Rochester, NH

31 Wakefield Street, Rochester, NH 03867

Personal Information

Name: _____
(last) (first) (middle)

Present Address: _____
(number and street) (city, state, zip code)

Mailing address: _____
(number and street) (city, state, zip code)

Telephone Numbers: _____
(home) (cell)

E-Mail Address: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Are you at least 18 years of age? Yes No

Employment Desired

Position applied for: _____

Date you can start: _____ Referred by: _____

Have you ever applied to the City of Rochester before? Yes No

Have you ever been employed by the City of Rochester? Yes No

If yes, when? _____ City department & position _____

What was your reason for leaving? _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
College				
Other (specify)				

Specialized Skills/Training

Indicate any specialized skills or abilities you may have related to the position for which you are applying: _____

Indicate any current job-related training and/or certification(s) related to the position for which you are applying: _____

Driving History Data

(Only complete this section if required for the position being applied for.)

License No. _____ State: _____ Type/Class: _____ Exp. Date: _____

Detail any motor vehicle accidents you were involved in during the past three years:

List all traffic violations for which you were convicted during the past three years:

Indicate all motor vehicle license suspensions and/or forfeitures you have incurred for the past three years: _____

Personal References

Name	Occupation	Address	Phone Number
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Employment Experience

Please list ALL employment experience/work history, starting with your present or last job. Be sure to emphasize experience related to the position for which you are applying.
THIS SECTION MUST BE COMPLETED. DO NOT INDICATE, "SEE RESUME".
 Although resumes may be attached, they may not be submitted in lieu of a completed application.

MONTH/YEAR STARTED	EMPLOYER'S NAME	SUPERVISOR'SNAME
MONTH/YEAR ENDED	ADDRESS, CITY/STATE	FINAL ANNUAL WAGE
REASON FOR LEAVING	TEL # W/AREA CODE	AVG HRS WORKED/WEEK
TITLE/DUTIES		

MONTH/YEAR STARTED	EMPLOYER'S NAME	SUPERVISOR'SNAME
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APPLICANT'S STATEMENT

In submitting this application for consideration and as indicated by my signature below, I hereby certify that all responses provided herein and throughout the application process are true and complete to the best of my knowledge. I authorize the City of Rochester and/or its authorized agent(s) to investigate my personal and employment history and financial and credit record. I further authorize investigation of all statements contained in this application for employment as may be deemed necessary in arriving at an employment decision. I understand that should an investigation at any time disclose any misrepresentations and/or falsifications as stated herein, upon any other employment-related form or made during an interview(s), my application will be rejected and should I become or already be employed with the City of Rochester, my employment may be terminated.

I understand that if I am employed by the City of Rochester, I am required to become familiar with and abide by all rules and regulations of the City of Rochester as established and amended from time to time. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship established with the City of Rochester is of an "at will" nature, which means that the employee may resign at any time and the City of Rochester may discharge the employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written instrument or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the City of Rochester.

My signature below indicates that I have read, understand and agree with the statement above.

Signature of Applicant

Date

The City of Rochester is an Equal Opportunity Employer and does not discriminate because of sex, age, race, color, national origin, creed, religion, political affiliations or handicap from the best-qualified persons applying for employment openings.

For City use only - Applicant do not write in this space.	
POSITION TITLE _____	POSITION CONTROL # _____
HIRING DEPARTMENT _____	REVIEWED BY: _____
INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMARKS: _____ _____ _____	
INTERVIEWED BY: _____	DATE: _____
HIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO STARTING DATE _____	
APPROVED _____	_____
Department Head or designee	Date