

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups, which indicate race, color, religion, sex or national origin.)

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason For Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason For Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason For Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize Special Skills and Qualifications Acquired from employment or other experience:

Education

	ELEMENTARY					HIGH				COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study:																	
Diploma/Degree																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

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

Agreement

I certify that answers given herein are true 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

<u>For Personnel Department Use Only</u>			
Arrange Interview	Yes	No	
Remarks	_____		
			Interviewer _____ Date _____
Employed	Yes	No	Date of Employment _____

Job Title _____	Hourly Rate/Salary _____	Department _____
By _____		
Name/Title	Date	

NORTH CONWAY WATER PRECINCT

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS: The following information is being gathered by the Town of Conway to assist in ensuring compliance in offering equal opportunity to all applicants. Your responses are **STRICTLY VOLUNTARY** and will be kept **CONFIDENTIAL**. No adverse treatment will result if you choose not to answer any of the questions. This survey will **NOT** become part of your file and will be destroyed after being entered into an EEO database.

1. Social Security Number _____

2. Date of Birth _____ or Age _____

3. Gender: Male Female

4. Title of position for which you are applying _____

5. Current Date _____

6. Racial/Ethnic Data: Please identify yourself in terms of the racial/ethnic groups below:

Hispanic	Black (Not Hispanic)
Asian or Pacific Islander	White (Not Hispanic)

Native American (American Indian or Alaskan Native)

7. Disability Status: You are invited to indicate below whether you are a person with a disability and the nature and extent of such disability. Your responses will be used solely in connection with applicable Federal Regulations implementing Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

A. _____ I consider myself to be a person with a disability

If you checked A, you may (but are not required to) indicate the type of your disability either in B below using your own words, or by checking the appropriate categories in C.

B. _____

C.	Visual disability	Chemical dependency
	Auditory disability	Multiple disabilities
	Developmental disability	Other physical disability
	Psychological disability	Other disability

Attached are Definitions of Racial/Ethnic Groups and Definitions of Disabilities to assist in answering this survey.

DEFINITIONS OF RACIAL/ETHNIC GROUPS

The racial/ethnic groups referred to in State of New Hampshire and Federal statistical reports are defined as follows:

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

NATIVE AMERICAN (Includes American Indian and Alaskan Native): A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

BLACK (not Hispanic origin): A person having origins in any of the black racial groups of Africa.

WHITE (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DEFINITIONS OF DISABILITY, DISABILITY CATEGORIES, AND A PERSON WITH A DISABILITY

PERSON WITH A DISABILITY: An individual who has a physical or mental impairment that substantially limits one or more major life activities; or who has a record of such impairment; or is regarded as having such impairment. Major life activities which might be substantially limited by such impairment include communication, mobility, performing manual tasks, seeing, hearing, self-care, and the ability to benefit from work training. Further, a person who experiences difficulty in securing, retaining, or advancing in employment due to substantial physical or mental impairment that negatively affects employability is considered to be individual with a disability.

PHYSICAL IMPAIRMENT: A physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, genito-urinary, hemic, lymphatic, skin, and endocrine.

PSYCHOLOGICAL IMPAIRMENT: A mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

VISUAL AND AUDITORY IMPAIRMENT: Loss of vision or hearing to a degree, which substantially limits one or more major life activities.

DEVELOPMENTAL DISABILITY: Any one of a group of disabilities affecting a person during the developmental stages of his/her life, usually continuing indefinitely, and constituting a substantial limitation to his/her functioning.

CHEMICAL DEPENDENCE: A dependence on alcohol or drugs to a degree, which substantially limits one or more major life activities. This does not include a person whose current use of alcohol or drugs prevents such

individual from performing the duties of the job applied for or whose employment, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or safety of others.

MULTIPLE DISABILITIES: More than one disability. Multiple disabilities could occur in two or more different categories or within a single category.

OTHER PHYSICAL IMPAIRMENT: Physical impairments not noted in the definitions above including orthopedic abnormalities, missing or crippled limbs and extremities (which can be congenital or caused by trauma or diseases such as arthritis, rheumatism, or polio), motor impairments (which can be the result of injury or other conditions), cardiovascular or neurological disorders (such as heart disease, paraplegia, multiple sclerosis, or Parkinson's disease), diabetes, tuberculosis, cancer and obesity.

OTHER DISABILITY: a disability whose characteristics do not adhere to any of the definitions above.