



APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the North Conway Water Precinct. Please furnish complete information as outlined in this application. You are encouraged to attach any additional information or a personal resume which would assist us in evaluating your qualifications. Please fill in this form on the computer, use typewriter, or print in ink.

Date of Application _____

Position Applied For _____

Referral Source	Newspaper	Friend	Relative
	Employment Agency	Website	Other

Name _____

LAST	FIRST	MIDDLE
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Address _____

STREET ADDRESS	CITY	STATE	ZIP
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Phone _____ Social Security # _____

Have you filed an application here before? ☐ Yes ☐ No Date _____

Do you possess a valid Driver License? ☐ Yes ☐ No

Type: ☐ Operator ☐ CDL – A ☐ CDL – B

Have you ever been employed here before? ☐ Yes ☐ No Date _____

Are you a citizen of the United States? ☐ Yes ☐ No

If not, do you possess an Alien Registration Card? ☐ Yes ☐ No

If yes, give Alien Registration Number: _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Do any of your friends or relatives other than your spouse work here? ☐ Yes ☐ No

If yes, list name(s): _____

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

If yes, explain: _____

AN EQUAL EMPLOYMENT OPPORTUNITY M/F/V/H

Are you a veteran of U.S. Military service? ☐ Yes ☐ No

If yes, what was your branch of U.S. Military Service? _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying? ☐ Yes ☐ No

If yes, explain: _____

What foreign languages do you speak, read, and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic activities and offices held (exclude groups which may indicate race, color, religion, sex, or national origin):

Give name, address, and phone number of three references not related to you:

NAME

ADDRESS

PHONE NUMBER

CONFIDENTIALITY: I request my name be kept confidential and is only
releasable with written approval by me.

☐ Yes

☐ No

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals
with Physical or Mental Handicaps**

Government contractors are subject to section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

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 most recent job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin)

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

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

Summarize special skills and qualifications acquired from employment or other experience:

Education

	Elementary					Secondary				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 that you feel may be helpful to us in considering your application:																	

Agreement

I certify that the 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 North Conway Water Precinct.

Signature of Applicant

Date