APPLICATION FOR EMPLOYMENT

City of Rochester, NH 31 Wakefield Street, Rochester, NH 03867

Personal Information

Name:						
Present Address:	(last)	(first)	(middle)			
Present Address	(number and st	reet) (c	city, state, zip code)			
Mailing address:	(number and st	reet) (c	city, state, zip code)			
Telephone Numbers:		,	ity, state, zip code)			
E-Mail Address:	(home)	`	cell)			
Are you prevented fro	m lawfully becom	ing employed in this	country because of v	isa or		
immigration status:	□ Yes □ No					
Are you at least 18 ye	ars of age? \Box Ye	es 🗆 No				
,	J					
	<u>Empl</u>	oyment Desire	<u>d</u>			
Position applied for:						
Date you can start: _		Referred b	y:			
Have you ever applied	to the City of Roc	chester before?	Yes □ No			
Have you ever been e	mployed by the Ci	ty of Rochester? \Box	Yes □ No			
If yes, when? City dept & position						
What was your reasor	ı for leaving?					
<u>Education</u>						
	Name & Addres	s Course of Study	Years completed	Diploma/ Degree		
Elementary School	of School	or study	completed	Begree		
High School						
College						
Other (specify)						

Specialized Skills/Training

	lized skills or abilities you		o the position for which you
	t job-related training and ving:		related to the position for
(Only con	Driving H uplete this section if requi	istory Data red for the position	being applied for.)
License No	State: Type	/Class:E	кр. Date:
Detail any motor ve	hicle accidents you were i	nvolved in during t	he past three years:
List all traffic violat	ions for which you were c	onvicted during the	past three years:
	ehicle license suspensions		you have incurred for the
	Personal	References	
Name	Occupation	Address	Phone Number

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.

Dates Employed

Work Performed

	From To	
Address		
Supervisor's Name/phone #		
Job Title	Hourly Rate/Salary Starting Final	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Supervisor's Name/phone #		
Job Title	Hourly Rate/Salary Starting Final	
Reason for Leaving		
Employer	Dates Employed From To	Work Performed
Address		
Job Title	Hourly Rate/Salary Starting Final	
Reason for Leaving		

Employer

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. Applications will remain active for a maximum of six months and may be evaluated for other positions within the City of Rochester during that time period.					
For City use only - Applicant do not write in this space.					
INTERVIEW YES NO					
INTERVIEWED BY:	_ DATE:				
REMARKS:					
HIRED: YES NO POSITION #	DEPT				
GRADE/WAGE STARTING DAT	Е				
APPROVED	DATE:				