



# *Town of Lyndeborough*

## Office of the Selectmen

9 Citizens' Hall Road Lyndeborough, NH 03082  
(603) 654-5955

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### *Application for Employment*

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How Did You Learn About the Job?

\_\_\_ Advertisement

\_\_\_ Friend

\_\_\_ Walk-in

\_\_\_ Employment Agency

\_\_\_ Relative

\_\_\_ Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

\_\_\_ YES \_\_\_ NO

Have you ever filed an application with the Town of Lyndeborough before?

\_\_\_ YES \_\_\_ NO

Have you ever been employed by the Town of Lyndeborough before?

\_\_\_ YES \_\_\_ NO

Are you currently employed?

\_\_\_ YES \_\_\_ NO

May we contact your present employer?

\_\_\_ YES \_\_\_ NO

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall?

\_\_\_ YES \_\_\_ NO

Have you been convicted of a felony within the last 7 years?

\_\_\_ YES \_\_\_ NO

Please Note: Conviction will not necessarily disqualify an applicant from employment.

<i>Education</i>	<i>Name and Address of School</i>	<i>Yrs</i>	<i>Degree</i>
Elementary School:	_____		_____
High School:	_____		_____
Undergraduate College	_____		_____
Graduate Professional	_____		_____
Other (Specify)	_____		_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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### ***Employment Experience***

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
2. Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	

3. Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	

List professional, trade, business or civic activities and offices held.

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### ***Other Qualifications***

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

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	<b><i>Specialized Skills</i></b>	
Office Equipment	Production/Machinery/Vehicles	Other
___ Computer	_____	_____
___ Calculator	_____	_____
___ Typewriter	_____	_____
___ Facsimile	_____	_____
___ Answering Machine	_____	_____
___ Dictaphone	_____	_____
___ Copier	_____	_____

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

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After reading the job description for the position you are applying for, do you feel you are capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job?      \_\_\_ YES      \_\_\_ NO

### *References*

1. \_\_\_\_\_  
Name Phone #  
\_\_\_\_\_  
Address
2. \_\_\_\_\_  
Name Phone #  
\_\_\_\_\_  
Address
3. \_\_\_\_\_  
Name Phone #  
\_\_\_\_\_  
Address

### *Applicant's Statement*

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. This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not allocations are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization..

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 employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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### ***AUTHORIZATION TO RELEASE INFORMATION***

I, \_\_\_\_\_, HEREBY REQUEST AND AUTHORIZE  
THE RELEASE TO THE TOWN OF LYNDEBOROUGH AND ITS AGENTS THE FOLLOWING:

Any and all information they may request through their agents concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition.

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such document, if requested. The information will be used for the purpose of determining my eligibility for employment with the Town.

I hereby release the Town of Lyndeborough, NH and persons providing such information from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the Town.

This release will expire 90 days after the date signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant Name - Printed Clearly

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Witness Name - Printed Clearly

\_\_\_\_\_  
Date