Town of Waterville Valley, New Hampshire
14 TAC Lane - PO Box 500
Waterville Valley, NH 03215

Application for Employment

Employees of the Town and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, pregnancy or disability.

(Please Print or Type)

NOTE: If you will require special accommodation in order to apply for this position, please notify the Personnel Department prior to the deadline for submitting applications for this position.

Application Received By: **Date:**

PERSONAL		
Position applied for:	Dept:	
Availability: Full-time [ ] Part-time [ ] Seasonal [ ]		
Full Name:		
Street Address:	Home Phone: Cell Phone:	
City: State: Zip:	Work Phone: Email Address:	
Have you ever been employed with the Town before? * If Yes, provide detail here:	No [ ] Yes [ ] *	
Title of Position held:	Termination Date:	
Reason for leaving:		
List any of your relatives who currently work for the Town of Waterville Valley:		
Name:	Department:	Relationship

EDUCATION

Did you receive a high school diploma or GED ?   YES [ ]   NO [ ]

Circle the highest grade completed   5 6 7 8 9 10 11 12   COLLEGE   1 2 3 4 5 6

	School (name ,city, state)	Dates	Degree	Major/Minor
High School				
Undergraduate College/University			Yes [ ] No [ ]	
Graduate/Professional College/University			Yes [ ] No [ ]	
Other Education: i.e. Technical, Business			Yes [ ] No [ ]	

EMPLOYMENT HISTORY

List most recent employer first. Please account for any gaps in employment record.

Company:	Title:		
Street Address:	Employed From:		
City, State, Zip:	Employed To:		
May we contact your present employer? YES [ ] NO [ ]	Salary or Rate of Pay:	Starting: Ending:	Per: Per:
Responsibilities:			
Supervisors name:	Phone number:		
Reasons for leaving:			

Company:	Title:		
Street Address:	Employed From:		
City, State, Zip:	Employed To:		
May we contact your present employer? YES [ ] NO [ ]	Salary or Rate of Pay:	Starting: Ending:	Per: Per:
Responsibilities:			
Supervisors name:	Phone number:		
Reasons for leaving:			

Company:	Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact your present employer? YES [ ] NO [ ]	Salary or Rate of Pay: Starting: Per: Ending: Per:
Responsibilities:	
Supervisors name:	Phone number:
Reasons for leaving:	

Company:	Title:
Street Address:	Employed From:
City, State, Zip:	Employed To:
May we contact your present employer? YES [ ] NO [ ]	Salary or Rate of Pay: Starting: Per: Ending: Per:
Responsibilities:	
Supervisors name:	Phone number:
Reasons for leaving:	

MILITARY

Have you ever served in the U.S Armed Forces? YES [ ] NO [ ]
If yes, what branch?
Type of Discharge: Rank at discharge:
Describe any training received which would be relevant to the position for which you are applying:
Dates of active duty:

SPECIFIC SKILLS

List technical/professional licenses or certifications you hold:
List office machinery, heavy equipment, vehicles and other machinery you can operate:
Indicate any specialized training you have received:

REFERENCES

List three (3) personal references who are not former employers or related to you:

Name & Occupation	Address	Phone	Relationship

MISCELLANEOUS INFORMATION

May we share your application with other Police Departments?   YES [ ]   NO [ ]

Have you ever applied for a position with us before?   YES [ ]   NO [ ]

If yes, give date and position:

ADDITIONAL INFORMATION

Use this space for any further information you think would help us evaluate your application: