

## AMHERST RECREATION DEPT.

P.O. Box 960 Amherst, NH 03031 (603) 673-6248 (603) 673-2032 Fax

## **Employment Application**

Applicant Information													
Full Name:		Date:											
Address:	Last First				M.I.								
riaarooo.	Street Address				Apartment/Unit #								
	City					State	9	ZIP Co	de				
Phone: (	) E-mail Address:				Cell #:								
Date Available: Social Security No.:				Desired Salary: _\$									
Position Applied for:  YES NO YES NO													
Are you a ci	tizen of the United		If no, are you authorized to work in the U.S.?										
Have you ev	ver worked for this	If so, when?											
Have you ev	ver been convicte		res no										
If yes, expla	in:												
			Educ	ation									
High School	l:		Address:										
From: _		Did you		YES	NO	Degree:				-			
College:			Address:	<u> </u>									
From:	To:	Did you	ı graduate?	YES	NO	Degree:							
Other:		Address:											
From:	To:	Did you	ı graduate?	YES	NO	Degree:							
	References												
		ot relatives) who knov	v you.										
Full Name:					Relationship:								
Company:						Phone:	_(	)					
Address:													
Full Name:				Relationship:									
Company:				Phone: ( )									
Address:													
Full Name:					Relationship:								
Company:						Phone:	_(	)					
Address:													

	Previous Employm	ient						
Company:		Phone: (	)					
Address:		Supervisor:						
Job Title:	Starting Salary:		Ending Salary:	\$				
Responsibilities:								
From: To		NO.						
May we contact your previous	supervisor for a reference?	NO						
Company:		Phone: (	)					
Address:		Supervisor:						
Job Title:	Starting Salary: _\$		Ending Salary:	\$				
Responsibilities:								
From: To	o: Reason for Leaving:							
May we contact your previous	supervisor for a reference?	NO						
Company:		Phone: (	)					
		Supervisor:						
Job Title:	Starting Salary: _\$		Ending Salary:	\$				
Responsibilities:								
From: To	e: Reason for Leaving:							
May we contact your previous	supervisor for a reference?	NO						
	Military Service							
Branch:		From:	To:					
Rank at Discharge:	Type of	f Discharge:						
If other than honorable, explain	n:							
	Disclaimer and Sign	ature						
I certify that my answers are	true and complete to the best of my know	wledge.		1/05/06				
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:			Date:					