

# Town of Pittsfield, New Hampshire

85 Main Street, Pittsfield NH 03263  
telephone (603) 435-6773 ~ fax (603) 435-7922  
email ~ admin@pittsfieldnh.gov

## Application for Employment

Date: \_\_\_\_\_

*The Town of Pittsfield is an equal opportunity employer.  
Programs, services, and employment are available to everyone equally. Please inform the  
Selectmen's Office if you require reasonable accomodation for the application or  
interview.*

Position applied for:

### Personal Information

Full Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No Date available to start: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Have you ever applied to this company before? ☐ Yes ☐ No Position? \_\_\_\_\_ When? \_\_\_\_\_

### Education History

High School: \_\_\_\_\_ Location: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No

College: \_\_\_\_\_ Location: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree/Major: \_\_\_\_\_

Other: \_\_\_\_\_ Location: \_\_\_\_\_

# of years completed: \_\_\_\_\_ Did you graduate? ☐ Yes ☐ No Degree/Major: \_\_\_\_\_

Summarize your special skills or qualifications: \_\_\_\_\_

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## Employment History

Please begin with most recent position.

**Dates of employment** From \_\_\_\_\_ To \_\_\_\_\_ Job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

May we contact this employer for a reference? ☐ Yes ☐ No

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job duties: \_\_\_\_\_

Starting salary & title: \_\_\_\_\_ Ending salary & title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Dates of employment** From \_\_\_\_\_ To \_\_\_\_\_ Job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

May we contact this employer for a reference? ☐ Yes ☐ No

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job duties: \_\_\_\_\_

Starting salary & title: \_\_\_\_\_ Ending salary & title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Dates of employment** From \_\_\_\_\_ To \_\_\_\_\_ Job title: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

May we contact this employer for a reference? ☐ Yes ☐ No

Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job duties: \_\_\_\_\_

Starting salary & title: \_\_\_\_\_ Ending salary & title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## References

Please furnish the names, addresses, and telephone numbers of two people whom you are not related and by whom you have known at least

**Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**Name:** \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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## Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Town representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE PLEASE

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Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Remarks: \_\_\_\_\_

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Hired: ☐ Yes ☐ No

Approved by ~

Department: \_\_\_\_\_

Selectboard: \_\_\_\_\_

Position: \_\_\_\_\_

Selectboard: \_\_\_\_\_

Start Date: \_\_\_\_\_

Selectboard: \_\_\_\_\_

Selectboard: \_\_\_\_\_

Selectboard: \_\_\_\_\_

Department: \_\_\_\_\_