



## Town of New Ipswich

## **Employment Application**

Applicant information									
Full Name:	 Last	First			M.I.	Date:			
Address:									
	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Phone:			Email						
Date Availal	ole: S	Social Security No.:			Desired	Salary: <u>\$</u>			
Position App	olied for:								
YES NO YES NO Are you a citizen of the United States?     YES NO   YES NO   If no, are you authorized to work in the U.S.?					YES NO Drk in the U.S.?				
Have you ever worked for this company?  YES NO  If yes, when?									
Have you ever been convicted of a felony?									
If yes, expla	in:								
		Educ	ation						
High School	:	Address:							
From:	To:	Did you graduate?	YES	NO	Diploma:_				
College:		Address:_							
From:	To:	Did you graduate?	YES	NO	Degree:_				
Other:		Address:							
From:	То:	Did you graduate?	YES	NO	Degree:				
		-							

References									
Please list three professional references.									
Full Name:	e:								
Company:		Phone:							
Address:									
Full Name:		Relationship:							
Company:									
Address:									
Full Name:		Relationship:							
		Phone:							
A delegan									
	Previous Employment								
Company		Dhone:							
Company:	Cum am dia am								
Address:		Supervisor							
Job Title:	Starting Salary:\$	Ending Salary:\$							
Responsibilities:									
From: To:	Reason for Le	eaving:							
May we contact your previous supervisor for		NO							
may we contact your previous supervisor to	or a reference?								
Company:		Phone:							
Address:		Supervisor:_							
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>							
Responsibilities:									
From: To:	Reason for Le	eaving:							
	YES	NO							
May we contact your previous supervisor for	<del>-</del>								
Company:		Phone:							
Address:		Supervisor:							
Job Title:	Starting Salary:	Ending Salary: <b>\$</b> _							

Responsibilities:								
From: To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?	YES							
Military Service								
Branch:		From:	To:					
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
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:							