

ROCKINGHAM COUNTY

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 OR TYPE.

Position(s) applied for: _____ Date of application: ____/____/____

How did you learn about the open position and/or the County? Advertisement Walk-in
 Dept. of Employment Security Friend Relative County website Other _____

Last Name First Name MI

Street (Apt. or Box No) City State Zip

Telephone #(s) (home) (cell)

Email: _____

Have you ever worked for Rockingham County before? Yes No If yes, give date(s): _____

Have you ever filed an application with Rockingham County before? Yes No If yes, date(s): _____

Are you related to anyone employed by Rockingham County? Yes No If yes, whom?: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Yes No If yes, may we contact your current employer? Yes No

Are you a U.S. citizen or otherwise legally eligible to work in the United States?
 Yes No (Proof of citizenship or immigration status will be required upon employment)

On what date will you be available for work? _____ Desired Salary _____

Are you available to work (check all that apply):

Full-time Part-time Per Diem Weekends Temporary Shift 1 Shift 2 Shift 3 Any

Are you currently on "lay-off" status and/or subject to recall? Lay-off Yes No Recall Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony that has not been annulled by a court? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain. _____

ROCKINGHAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

Name and Location	Course of Study	# of Years Completed	Diploma Degree
High School			
College			
Graduate/Professional			
Technical School/Other			

Indicate any foreign languages you can speak, read and/or write:

Speak:	<u>Fluent</u>	<u>Good</u>	<u>Fair</u>
Read:			
Write:			

Are you fluent in American Sign Language?: _____

Summarize special skills and qualifications acquired from employment or other work/volunteer experiences that may qualify you for work (*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, marital status, disability or other protected status.*):

EMPLOYMENT EXPERIENCE:

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

Employer's Name		Supervisor
Telephone #	Cell #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Employer's Name		Supervisor
Telephone #	Cell #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Employer's Name		Supervisor
Telephone #	Cell #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Employer's Name		Supervisor
Telephone #	Cell #	Email address
Job Title	Dates Employed	FROM: TO:
Work performed		
Reason for leaving		
Starting salary	Ending salary	

Note to applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

List three professional references below:

- Name: _____ Relationship: _____
Telephone # _____ Cell # _____ E-mail Address _____
- Name: _____ Relationship: _____
Telephone # _____ Cell # _____ E-mail Address _____
- Name: _____ Relationship: _____
Telephone # _____ Cell # _____ E-mail Address _____

APPLICANT'S STATEMENT:

<p>I certify that answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the County is governed by the Personnel Policies and Procedures of the County, as well as NH RSA 28:10-a. I further understand that these Personnel Policies and Procedures do not constitute a contract.</p> <p>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.</p> <p>I agree to submit to a pre-employment physical following a job offer and to drug and/or polygraph screening as well as a criminal records check if required for the position being offered.</p> <p>I am not currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal health care programs or in the Federal procurement or non-procurement program.</p>
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Rockingham County is an Equal Opportunity Employer and does not discriminate on the basis of sex, sexual orientation, race, marital status, creed, color, national origin, age, disability, political affiliation, or any other non-merit factor except where such factor is a bona-fide occupational requirement.

Signature of Applicant

____/____/____
Date