

ROCKINGHAM COUNTY

APPLICATION FOR EMPLOYMENT

We consider qualified 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) for which you are applying: _____

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): _____

If you checked "Yes", what was the reason for leaving? _____

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 authorized to work lawfully in the United States: Yes No (Note: If hired, a Form I-9, Employment Eligibility Verification, must be completed prior to starting work with Rockingham County.)

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

What type of position will you accept and be available to work? (check all that apply):

Full-time Part-time Per Diem Weekends Temporary Shift 1 2 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 crime (misdemeanor or felony) that has not been officially annulled by a court?

Yes No

(Conviction will not automatically disqualify an applicant from employment, as each case is considered individually. However, please be advised willful omission or misrepresentation of this required information will be a basis for rejection of your application and/or discharge from employment with Rockingham County.)

If Yes, please provide the date, location and nature of each misdemeanor or felony conviction that has not been officially annulled by a court:

ROCKINGHAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

If the position(s) for which you are applying requires post-secondary credits and/or a diploma and/or a degree, you must submit copies of college, business, trade school, and/or other education transcripts.

EDUCATION:

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

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

LICENSE AND CERTIFICATION

Please list any licenses or special certification that you hold, specifying license/certificate number and date of expiration:

LNA#: _____ Expires: _____ LPN#: _____ Expires: _____

MNA#: _____ Expires: _____ RN#: _____ Expires: _____

CDL#: _____ Expires: _____ MPAP Certification: _____

EMPLOYMENT EXPERIENCE: Resumes may be attached, **but will not be accepted in lieu of completing this section.** Incomplete employment history and/or statements such as “refer to resume” will be cause for disqualification. If more space is needed, please complete & attach a separate page.

Start with your present or most recent job and work back at least 10 years. 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:		Address:	
Phone #:		Your Job Title:	
Supervisor (Name/Title):		Employers Email Address:	
Dates Employed From-Month:	Year:	Dates Employed To-Month:	Year:

Specific duties: Please describe the duties you performed in your position:	
Starting salary:	Ending salary:
Did you supervise any employees? YES: ____ NO: ____	Did you assign their work? YES: ____ NO: ____
Did you reject unsatisfactory work? YES: ____ NO: ____	Did you have authority to hire or fire? YES: ____ NO: ____
Reason you left this position:	
May we contact your employer? YES: ____ NO: ____	

Employer's Name:		Address:	
Phone #:		Your Job Title:	
Supervisor (Name/Title):		Employers Email Address:	
Dates Employed From-Month:	Year:	Dates Employed To-Month:	Year:
Specific duties: Please describe the duties your performed in your position:			
Starting salary:		Ending salary:	
Did you supervise any employees? YES: ____ NO: ____		Did you assign their work? YES: ____ NO: ____	
Did you reject unsatisfactory work? YES: ____ NO: ____		Did you have authority to hire or fire? YES: ____ NO: ____	
Reason you left this position:			
May we contact your employer? YES: ____ NO: ____			

Employer's Name:		Address:	
Phone #:		Your Job Title:	
Supervisor (Name/Title):		Employers Email Address:	
Dates Employed From-Month:	Year:	Dates Employed To-Month:	Year:
Specific duties: Please describe the duties you performed in your position:			
Starting salary:		Ending salary:	
Did you supervise any employees? YES: ____ NO: ____		Did you assign their work? YES: ____ NO: ____	
Did you reject unsatisfactory work? YES: ____ NO: ____		Did you have authority to hire or fire? YES: ____ NO: ____	
Reason you left this position:			
May we contact your employer? YES: ____ NO: ____			

Employer's Name:		Address:	
Phone #:		Your Job Title:	

Supervisor (Name/Title):		Employers Email Address:	
Dates Employed From-Month:	Year:	Dates Employed To-Month:	Year:
Specific duties: Please describe the duties you performed in your position:			
Starting salary:		Ending salary:	
Did you supervise any employees? YES: ____ NO: ____	Did you assign their work? YES: ____ NO: ____		
Did you reject unsatisfactory work? YES: ____ NO: ____	Did you have authority to hire or fire? YES: ____ NO: ____		
Reason you left this position:			
May we contact your employer? YES: ____ NO: ____			

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. Incomplete information or use of family and/or personal friends may be cause for disqualification.

1. Name: _____ Relationship: _____
Telephone # _____ Cell # _____ E-mail Address _____
2. Name: _____ Relationship: _____
Telephone # _____ Cell # _____ E-mail Address _____
3. Name: _____ Relationship: _____
Telephone # _____ Cell # _____ E-mail Address _____

I have attached a copy of my current resume.

APPLICANT'S STATEMENT:

I certify that answers given herein are true, complete and accurate to the best of my knowledge as of the date of my signature provided below. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the County is at-will and governed by the Personnel Policies and Procedures of the County, NH RSA 28:10-a, as well as other state and federal laws. I further understand that these Personnel Policies and Procedures do not constitute a contract. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in disqualification and/or discharge. I understand, also, that I am required to abide by all rules and regulations of the employer as well as local, state, and federal laws. I certify that I am authorized to work in the United States for Rockingham County and, if hired, a Form I-9, Employment Eligibility Verification, must be completed prior to starting work at Rockingham County. I agree to submit to a pre-employment physical following a conditional job offer and to drug and/or polygraph screening as well as a criminal records check if required for the position being offered. 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.

Rockingham County is an Equal Opportunity Employer and does not discriminate on the basis of gender, sexual orientation, marital status, race, creed, color, national origin, age, disability, religion, political affiliation, or any other non-merit factor except where such factor is a bona-fide occupational requirement. EOE Minorities/Females/Protected Veterans/Disabled. Please consider completing the attached voluntary Self-identification Forms, which will be kept separate from your application.

Signature of Applicant

_____/_____/_____
Date