



CITY OF FRANKLIN, NEW HAMPSHIRE APPLICATION FOR EMPLOYMENT

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Franklin, New Hampshire 03235
Telephone (603) 934-3900
Fax (603) 934-7413

PRE-EMPLOYMENT QUESTIONNAIRE

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST, MI)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE () -	WORK PHONE () -	EMAIL ADDRESS	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT
<input type="checkbox"/> FRIEND _____	<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> WEBSITE	<input type="checkbox"/> WALKED IN

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED?
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS	
US MILITARY OR NAVAL SERVICE	RANK
DISCHARGE DATE	OBLIGATION ENDING DATE

FORMER EMPLOYERS (LIST BELOW LAST FOUR (4) EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

STARTING DATE (MONTH/YEAR) _____ \ _____ ENDING DATE (MONTH/YEAR) _____ \ _____

WEEKLY STARTING SALARY \$ _____ WEEKLY ENDING SALARY \$ _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR _____ PHONE (_____) _____ - _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

STARTING DATE (MONTH/YEAR) _____ \ _____ ENDING DATE (MONTH/YEAR) _____ \ _____

WEEKLY STARTING SALARY \$ _____ WEEKLY ENDING SALARY \$ _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR _____ PHONE (_____) _____ - _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

STARTING DATE (MONTH/YEAR) _____ \ _____ ENDING DATE (MONTH/YEAR) _____ \ _____

WEEKLY STARTING SALARY \$ _____ WEEKLY ENDING SALARY \$ _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR _____ PHONE (_____) _____ - _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

STARTING DATE (MONTH/YEAR) _____ \ _____ ENDING DATE (MONTH/YEAR) _____ \ _____

WEEKLY STARTING SALARY \$ _____ WEEKLY ENDING SALARY \$ _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME AND TITLE OF SUPERVISOR _____ PHONE (_____) _____ - _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES (BELOW LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX PRECEDING THE QUESTION. BY CHECKING THIS BOX, THE EMPLOYER INDICATES THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height _____feet _____inches Are you a U.S. Citizen? Yes No

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMODATION?

JOB FUNCTION 1: _____ YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS AND WITH WHAT ACCOMODATION?

JOB FUNCTION 2: _____ YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS AND WITH WHAT ACCOMODATION?

WERE YOU EVER SERIOUSLY INJURED? YES NO EXPLAIN BELOW:

WHAT FOREIGN LANGUAGES DO YOU SPEAK AND/OR READ?

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR?

YES NO EXPLAIN BELOW:

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATIONS: LIE DETECTOR TEST[S] AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, ITS DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TESTS.

YES NO

I HAVE BEEN ADVISED THAT LIE DETECTOR TESTS, AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. YES NO

* YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

REMARKS

AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND ACCURATE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

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 COMPANY 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 COMPANY 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.

Signature

Date