

Town of Littleton  
125 Main Street Suite 200  
Littleton, NH 03561

Application for Employment

The Town of Littleton is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: \_\_\_\_\_

Specific Position(s) applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of employment desired: \_\_\_ full-time = part-time temporary

Date available to start work: \_\_\_\_\_

Can you travel if required by this position:                      \_Yes              No

Drivers license number: \_\_\_\_\_

Have you been previously employed by the Town of Littleton? \_Yes              No

If you are under 18, can you furnish a work permit if required? \_Yes              No

Have you been convicted of a crime in the last 7 years?              \_Yes              No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Application for Employment  
Name: \_\_\_\_\_

## Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: \_\_\_\_\_ Position held \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates Employed: from, \_\_\_\_\_ to \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates Employed: from, \_\_\_\_\_ to \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates Employed: from, \_\_\_\_\_ to \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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### **Other Skills & Complications**

Summarize any job related training, skills, licenses, certificates, and/or  
qualifications: \_\_\_\_\_

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### **Educational History**

List school name and location, course of study, and degrees earned:

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

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

Technical Training: \_\_\_\_\_

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

### **References**

List 3 references names, telephone numbers, and year's known (do not include  
relatives or employers)

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I hereby authorize the potential employer to contact, obtain, and otherwise verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information

I understand that any misrepresentation or material omission made by me on this application may be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired, failure to submit such proof within the required time shall result immediate termination of employment.

**I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.**

Applicant signature: \_\_\_\_\_

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