



# EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Company Name	Telephone: ( )
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To:
	State Job Title and Job Description	Weekly Pay: Start End
		Reason for Leaving
<b>2</b>	Company Name	Telephone: ( )
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To:
	State Job Title and Job Description	Weekly Pay: Start End
		Reason for Leaving
<b>3</b>	Company Name	Telephone: ( )
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To:
	State Job Title and Job Description	Weekly Pay: Start End
		Reason for Leaving
<b>4</b>	Company Name	Telephone: ( )
	Address	Employed (State Month and Year)
	Name of Supervisor	From: To:
	State Job Title and Job Description	Weekly Pay: Start End
		Reason for Leaving

**If additional space is needed, please attach sheet to the back of this application.**

List any personal skills/ qualities that you feel may be beneficial for this position. \_\_\_\_\_

\_\_\_\_\_

List any special training and/or related classes that you feel may be beneficial for this position. \_\_\_\_\_

\_\_\_\_\_

**DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE CORRESPONDING BOX IS CHECKED**

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination in the basis of age and disability. The Federal and State Equal Opportunity Laws also prohibit discrimination based upon ancestry, marital status and Veteran Status.

Are you a United States Citizen?  
     Yes    No

Are you over 18 years of age?  Yes    No  
If not, employment is subject to minimum legal age.

Have you ever been bonded?  
     Yes    No      If Yes, with what employers? \_\_\_\_\_

Do you have any relatives who work or have worked for the Town of Peterborough? If so, state name, when and in what position. \_\_\_\_\_

Do you have any physical impairments which preclude you from performing any of the tasks connected with the job for which you are applying?  Yes    No    If yes, explain: \_\_\_\_\_

Have you been convicted of a crime in the last 10 years?  Yes    No    If yes, provide dates, type of offense and result of charges. \_\_\_\_\_

Have you ever had your Motor Vehicle license revoked or suspended for any reason?  Yes    No  
If yes, explain. \_\_\_\_\_

Have you ever been arrested for or convicted of any criminal offense involving a sexual assault on a child or person under the age of 18 years old?  Yes    No    If yes, please state the date of arrest or conviction, and the crime involved. \_\_\_\_\_

**We may contact the employers listed above unless you indicate those you do not want us to contact.**

**DO NOT CONTACT**

Employer #(s)	Reason:
_____	_____
_____	_____

REFERENCES: (LIST BELOW THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	YEARS KNOWN
1		
2		
3		