

TOWN OF HILLSBOROUGH

27 School Street, Hillsborough, NH 03244 Tel. (603) 464-3877 Fax (603) 464-4270

APPLICATION FOR SUMMER EMPLOYMENT

The Town of Hillsborough is an **equal opportunity employer** and does not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, sexual orientation, marital status, disability, age, veteran or military status, or any other basis protected by law. Equal access to programs, services and employment is available to all persons.

PLEASE PRINT (USE INK)

PERSONAL:					
Name:				Email:	
(Last)	(Firs	et)	(Middle)		
Current Address: (Street	at) (City)	(State) (Zin C	Telephone:	(Include Area Code)
Have you ever applie					
Have you ever worke	d for the Town before	re? Yes	No If yes	, when?	
Dates of Employmen	t			_ Reason for L	eaving
Position Desired:					
Please list certification	ons:				
Hours/Days available	»:		_Date availa	ble to begin: _	
Do you need any time	e off this summer for	planned activities			
Last date you are available to work:					
Are you a full time st	udent?				
If yes, what school do	you attend?				
GENERAL:					
Are you authorized to U.S. will be required		States? Yes	No (Pro	oof of eligibility	to work in the

Are you 18 years old or older?Y	Yes No			
Are you available to work full-time	part-time	temporary	? If part-time, indicate	
maximum hours per week				
CONVICTION INFORMATION:				
Have you ever been convicted of a crim	ne (including plead	ing guilty or no c	ontest) that has not been	
annulled by a court, except for minor tr	raffic violations?	Yes	No (If yes, please fill in	
information below.)				
Conviction information will not nece	ssarily bar an app	licant from emp	loyment.	
Date Reason Disposition of Case Place	•			
1		·		
2				
3				
Employment History				
1 0				
Are you presently employed?				
Please list your last 2 employe	rs:			
r in the second of the second				
Company Name:				
Company Address:		Phone #	:	
Supervisor's Name:	Dates worked:			
Company Name:				
Company Address:	Phone #:			
Supervisor's Name:	Da	ates worked:		
	2			
Who do we contact in case of an em	nergency?			
Name:	Phone #:	Rela	ationship:	
I certify that the information contained in the knowledge and I understand that, if employ				
dismissal.	yeu, iaisineu iiioiilia	non on this applica	adon shan be grounds for	
Signature:				

PLEASE INCLUDED 2 COMPLETED FEFERENCES FORMS ALONG WITH APPLICATION TOWN OF HILLSBOROUGH

REFERENCE FORM FOR SUMMER EMPLOYMENT

Applicat	nt Name:
Relative two cha	we named person has applied to work for the Town of Hillsborough. It is are not permitted to complete the form. Each applicant must submit racter recommendation forms. We value your comments and request a give a full and candid report so that fair consideration may be given to plicant.
Referen	ce Name and Title:
Contact	Number:
1.	How long have you known this person and in what capacity?
2.	Would you consider this person to be honest and reliable?
3.	Does this applicant act maturely and respectfully around adults, peers, and children? Please provide an example of this behavior.
4.	Please provide any additional information as it relates to working in Recreation, Parks & Open Space.
5.	Do you recommend this applicant to work for the town of Hillsborough Recreation, Parks & Open Space?
Signatu	re: Date:
Ti	nank you for your co-operation in providing us with a character reference.