

Town of Canaan
OFFICE OF THE SELECTMEN

1169 US ROUTE 4

PO BOX 38

CANAAN, NH 03741

PHONE (603) 523-4501 ♦ FAX (603) 523-4526

We are an Equal Opportunity Employer

Application for Employment

Position: _____

Received by: _____ Date: _____

Name: _____
Last First Middle

Address:

Address 1

Address 2

Town/City State Zip

Other Information:

Phone Number: _____

Social Security #: _____

Driver License #: _____

References: Please, No Family Members

Name: _____

Number of years this person has known you: _____

Address: _____

What is your relationship with this person?

Phone #: _____

His/Her Profession: _____

Name: _____

Number of years this person has known you: _____

Address: _____

What is your relationship with this person?

Phone #: _____

His/Her Profession: _____

Name: _____

Number of years this person has known you: _____

Address: _____

What is your relationship with this person?

Phone #: _____

His/Her Profession: _____

Education / Learn Skills

School:

High School: Year Completed: 1 2 3 4 Did You Graduate? Yes ___ No ___

College: Year Completed: 1 2 3 4 Did You Graduate? Yes ___ No ___

Trade School: Year Completed: 1 2 3 4 Did You Graduate? Yes ___ No ___

Skills Learned: Any Particular Skills That You Have Acquired By Doing: (Taught or Self Taught)

Interests:

Military:

Hobbies:

Branch of Service: _____

Hobby # of Years

Dates Served: _____
From: To:

Hobby # of Years

Type of Discharge: _____

Hobby # of Years

Duties: _____

What made you decide to apply to the Town of Canaan for employment?

What contributions to the company do you feel you can provide if hired?

Work Experience:

Dates of Employment: From: _____ To: _____

Company: _____
Name

Mailing Address Town/City State & Zip

Contact: _____
Name Their Position

Phone #: _____ May We Call? Yes___ No___

Reason for Leaving: _____

Dates of Employment: From: _____ To: _____

Company: _____
Name

Mailing Address Town/City State & Zip

Contact: _____
Name Their Position

Phone #: _____ May We Call? Yes___ No___

Reason for Leaving: _____

Dates of Employment: From: _____ To: _____

Company: _____
Name

Mailing Address Town/City State & Zip

Contact: _____
Name Their Position

Phone #: _____ May We Call? Yes___ No___

Reason for Leaving: _____

General Information:

Do you have any other information about yourself that you would like to have considered that you feel would improve your chances for hire: Yes___ No___

If yes, please describe:

Do you have any special consideration that may limit any flexibility in your work schedule? Yes ___ No ___

If yes, please describe:

Authorization:

I hereby authorize the Town of Canaan or its appointed delegate to investigate all the information contained on this application. I also authorize the Town of Canaan or its appointed delegate to perform a background check for criminal activities and driving violations. I fully understand that any misrepresentation of information that I have provided may result in an immediate discharge without notice.

Name (Please Print)

Date

Signature

Remarks: *(office use only)*
