



CARROLL COUNTY
95 Water Village Road
Ossipee, NH 03864
(ph) 603.539.1721 (fax) 603.539.1804

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, physical or mental disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For:			Date of Application:		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> County Website	
Last Name:		First Name:		Middle Name:	
Address	Number	Street	City	State	Zip Code
Telephone Number(s):					
Email Address:					

Applicants are encouraged to provide a copy of their current resume,
but resumes will not be accepted in lieu of a fully completed application.

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If Yes, give date: _____

Have you ever been employed with us before? ☐ Yes ☐ No
If Yes, give date: _____

Have you any relatives working for us? ☐ Yes ☐ No
If Yes, give name and Relationship _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully being employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐ Per Diem

Can you work overtime including weekends? ☐ Yes ☐ No

Have you ever been convicted of or pleaded no contest to a crime (Misdemeanor or Felony) which was not annulled by a court? ☐ Yes ☐ No
If Yes, when and explain the circumstances (this does not automatically exclude you from consideration for employment):

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

List any certificate and/or license you carry with expiration date and State (if applicable) in which held.

License # _____ Expiration Date _____ State _____

License # _____ Expiration Date _____ State _____

CPR Certificate Expiration Date _____

IV Certificate Expiration Date _____

Describe any specialized training, apprenticeship that would enhance your ability to perform the position applied for.

Summarize special job-related skills and qualifications, specialized trainings and apprenticeships that may enhance your ability to perform the job you are applying for.

Please list professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Employment Experience

Start with your present or last job and include the last 10 years. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer (Present/Last Job)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer (First Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer (Second Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer (Third Most Recent)		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Please provide any additional information you feel may be helpful to us in considering your application.

References (Persons not related to applicant)

(Name)	
(Address)	(Telephone #)
(Name)	
(Address)	(Telephone #)
(Name)	
(Address)	(Telephone #)

<p>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</p> <p>After reviewing the activities and essential functions cited in the job description for the position you are applying for, are you able to perform the essential functions of the job, with or without a reasonable accommodation?</p>
<div><input type="checkbox"/>YES</div> <div><input type="checkbox"/>NO</div>

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of any and all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered only for the specific position being applied for at the time of recruitment. Any applicant wishing to be considered for employment beyond this specific recruitment process must submit a separate application for employment as required in the position announcement.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and within the constraints applicable laws and RSA's. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in by application or interviews may result in discharge. I further understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date

Applicant's Agreement

I hereby grant permission for Carroll County to investigate my references and to secure additional information about me as it relates to the position I am applying for and release said County and its authorized representatives from any and all liability resulting from such investigations as well as all other persons, corporations or organizations for furnishing such information.

Applicant Signature

Date

VOLUNTARY DATA RECORD

To enable Carroll County to meet statistical reporting regulations, applicants are requested (but not required) to complete this Personal Data Sheet. Information will be used solely for reporting purposes. This portion of your application will be detached and, if hired, will not become a part of your employee record. It will not be used as selection criteria and will be treated as personal and confidential. Carroll County is an EEOC.

Name: _____ Date: _____

Position applied for: _____

Date of Birth: _____ Check one: ☐ Male ☐ Female

Check one of the following (race/ethnic category descriptions available below):

☐ Hispanic ☐ Native American ☐ Asian/Pacific Islander ☐ White ☐ Black

Are you a Veteran? ☐ No ☐ Yes Vietnam Era Veteran? ☐ No ☐ Yes

If yes, dates of active duty: From _____ To _____ Type of Discharge or release: _____

TO ALL APPLICANTS

Section 503 of the Rehabilitation Act of 1973, the Americans With Disabilities Act Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, provide for employers to take affirmative action to employ and advance qualified disabled individuals, qualified disabled veterans, and veterans of the Vietnam Era respectively. If you would like to be considered under any of these Affirmative Action programs, please complete the information below.

Submission of this information is voluntary and refusal to provide it will not prevent consideration of employment.

Your information will be kept confidential and used only for the purpose of the Acts and the regulations issued under them, except (a) Supervisors and managers may be informed regarding restrictions on your work or duties and necessary accommodations; (b) safety personnel may be informed, as appropriate, if the condition might require emergency treatment; and (c) government officials investigating compliance with the Acts shall be informed.

If you are disabled and/or a veteran of the Vietnam Era, we would like to assist you in making appropriate career decisions. It would be helpful if you would complete the information below.

_____ I am disabled and would like assistance in appropriate employment placement.

_____ I am a Vietnam Era Veteran and would like assistance in appropriate employment placement.

_____ I am a disabled veteran and would like assistance in appropriate employment placement.

This is a list of my special skills, knowledge, or experience which may qualify me for positions that I might not otherwise be able to do because of my disability. This will permit my being considered for any position of that kind.

The following accommodations, if made, would enable me to perform the job for which I am applying successfully and safely:

Race/Ethnic Category Descriptions

White (not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North America, or the Middle East.

Black (not of Hispanic origin)

All persons having origins in any of the Black racial group of Africa.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native

All persons having origins in any of the original peoples of North or South America including Central America, and who maintain cultural identification through tribal affiliation or community recognition.