



Town of Hebron

P.O. Box 188

Hebron, NH 03241

Phone: 603-744-2631

execassist@hebronnh.org

Town of Hebron Application for Employment

Date: _____

Name: _____ S.S. #: _____
Last First Middle

Address: _____
Street/PO Box City State Zip

Previous Address: _____
(If less than 5 years at present address)

Phone: _____ Date of Birth: _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States? ☐ Yes ☐ No

Employment Desired:

Position: _____ Date you can start: _____ Salary desired: _____

Are you applying for: ☐ Full-time ☐ Part-time

Are you currently employed? ☐ Yes ☐ No Current Employer: _____

May we contact your present employer? ☐ Yes ☐ No

Have you ever applied to the Town of Hebron for employment before? ☐ Yes ☐ No When? _____

Referred By: _____

Education:

Please select the highest school grade completed: ☐ 12 or G.E.D. ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Explain:

Information Technology Training/Experience:

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design or development or management). Note any specific software applications or programming languages in which you are proficient:

U.S. Military or Naval Service:

Branch: _____ **Length of Service:** _____

Rank: _____ **National Guard/Reserves:** _____

Former Employers:

Please list below your last three employers, if possible, starting with the most recent.

Dates of Employment	Name and Address of Employer	Salary/Position	Reason for Leaving

References:

Give the names of three persons, not related to you, and to whom you have known at least one year.

I authorize the Town of Hebron to conduct a background check on the information I have listed on this application. If deemed necessary, a police record check may also be performed. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Date: _____ **Signature:** _____

In case of emergency, please notify: _____ **Phone:** _____

The Town of Hebron is an equal opportunity employer and does not discriminate because of race, creed, color, age, or disabilities.