Gilman Library, Alton, NH
Gilman Library Board of Trustees
P.O. Box 960, 100 Main Street, Alton, NH 03809
Office: 603-875-2550 Fax: 603-651-0737

Employment Application

Date: _____

Name (First, Middle, Last): _____

Mailing Address: _____

Residential Address: _____

Phone: _____ Cell Phone: _____

Email: _____

Position Desired: _____ Salary Desired: _____

Work Availability (check as applicable)

☐ Full Time ☐ Part Time ☐ Days
☐ Evenings ☐ Weekdays ☐ Weekends
☐ Holidays ☐ Overtime ☐ Preferences: _____

Certifications, Special Skills, Training, Licenses

_____

_____

_____

Memberships in Professional Associations and Civic Organizations

_____

_____

_____

Hobbies and Other Activities

_____

United States Citizenship

☐ Yes ☐ No ☐ Legally Registered Alien (documentation required)

Military Service

☐ Yes ☐ No Branch of Service: _____

Dates of Service: _____ Rank Held: _____

Discharge: ☐ Honorable ☐ Dishonorable

Person to Notify in the Event of an Emergency (Name, Address, Contact Information)

_____

_____

_____

College

School Name and Address: _____

Subject(s) Studied: _____

Dates Attended: _____

Graduate: ☐ Yes ☐ No Degree(s): _____

High School

School Name and Address: _____

Subject(s) Studied: _____

Dates Attended: _____

Graduate: ☐ Yes ☐ No ☐ GED

Other

School Name and Address: _____

Subject(s) Studied: _____

Dates Attended: _____

Graduate: ☐ Yes ☐ No Degree(s): _____

Employment History (begin with most current or most recent employer)

Company Name: _____

Address: _____

Phone: _____ Supervisor's Name: _____

Title and Job Description: _____

Start Date: _____ Starting Pay: _____ End Date: _____ End Pay: _____

May we contact this employer? ☐ Yes ☐ No

Company Name: _____

Address: _____

Phone: _____ Supervisor's Name: _____

Title and Job Description: _____

Start Date: _____ Starting Pay: _____ End Date: _____ End Pay: _____

May we contact this employer? ☐ Yes ☐ No

Company Name: _____

Address: _____

Phone: _____ Supervisor's Name: _____

Title and Job Description: _____

Start Date: _____ Starting Pay: _____ End Date: _____ End Pay: _____

May we contact this employer? ☐ Yes ☐ No

Company Name: _____

Address: _____

Phone: _____ Supervisor's Name: _____

Title and Job Description: _____

Start Date: _____ Starting Pay: _____ End Date: _____ End Pay: _____

May we contact this employer? ☐ Yes ☐ No

Personal References

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Relationship: _____

Have you been convicted of a crime in the past 5 years?

☐ No ☐ Yes

Identify the type of crime, date of conviction, sentence imposed and any other pertinent facts):

_____

_____

Other information that you would like to add to this application to help us consider you for employment:

"I certify that the information provided on this application is true, correct and complete to the best of my ability. I undertstand that any falsification or omission of fact may result in my dismissal if I am hired."

Applicant's Signature: _____

The Town of Alton is an Equal Opportunity Employer. Qualified job applicants will receive consideration without discrimination because of age, race, sex, color, creed, national origin, religious beliefs, marital status or disability.