



# CITY OF LACONIA, NEW HAMPSHIRE

45 Beacon Street, East  
Laconia, NH 03246

## Application for Employment

Employees of the city and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, pregnancy, or disability.

(Please Print or Type)

**NOTE: If you will require special accommodation in order to apply for this position, please notify the Personnel Department prior to the deadline for submitting applications for this position.**

MUST LIVE WITHIN 20 MINUTES OF LACONIA  
LWW DOES PERFORM BACKGROUND CHECKS/DRUG TESTING

Date:

### PERSONAL

Position applied for:	Dept:		
Availability: Full Time <input type="checkbox"/>	Part Time: <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
Full Name:			
Street Address:	Home Phone: ( )		
City: _____	State: _____	Zip: _____	Work Phone: ( )
Have you ever been employed with us before?	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>	If yes, provide details here	
Title of Position held:	Termination Date:		
Reasons for leaving:			

List any of your relatives who currently work for the City of Laconia.

Name	Department	Relationship

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Are you a citizen of the United States?

Yes  No

If no, can you provide proof that you are eligible to work in the United States, in accordance with the Immigration Reform and Control Act?

Yes  No

### EDUCATION

Did you receive a high school diploma or GED? Yes  No

Circle highest grade completed 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6

	School (name, city, state)	Dates	Degree	Major/Minor
High School				
Undergraduate College / University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate / Professional College / University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Education: i.e. Technical, Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	

DATE:

NAME:

**MILITARY**

Have you ever served in the U.S. Armed Forces? Yes  No

If yes, what branch?

Type of Discharge? Rank at discharge:

Describe any training received which would be relevant to the position for which you are applying:

Dates of active duty:

**SPECIFIC SKILLS**

List technical / professional licenses or certifications you hold:

List office machinery, heavy equipment, vehicles and other machinery you can operate:

Indicate any specialized training you have received:

**REFERENCES**

List three (3) personal references who are not former employers or related to you:

Name & Occupation	Address	Phone	Relationship

**MISCELLANEOUS INFORMATION**

May we share your application with other departments Yes  No   
within the City of Laconia?

Have you ever applied for a position with us before? Yes  No   
If yes, give date and the position:

**ADDITIONAL INFORMATION**

Use this space for any further information you think would help us evaluate your application:

## EMPLOYMENT HISTORY

(List most recent employer first. Please account for any gaps in employment record)

Company:	Your Title:		
Street Address:	Employed From:		
City, State, Zip:	Employed To:		
May we contact your present employer?	Yes <input type="checkbox"/>	Salary or Rate of Pay:	Starting: _____ Per _____
	No <input type="checkbox"/>		Ending: _____ Per _____
Responsibilities:	<hr/> <hr/> <hr/>		
Supervisor's name:	Phone No.:		
Reasons for leaving:	<hr/> <hr/> <hr/>		

Company:	Your Title:		
Street Address:	Employed From:		
City, State, Zip:	Employed To:		
Salary or Rate of Pay:	Starting:	Ending:	
Responsibilities:	<hr/> <hr/> <hr/>		
Supervisor's name:	Phone No.:		
Reasons for leaving:	<hr/> <hr/> <hr/>		

Company:	Your Title:		
Street Address:	Employed From:		
City, State, Zip:	Employed To:		
Salary or Rate of Pay:	Starting:	Ending:	
Responsibilities:	<hr/> <hr/> <hr/>		
Supervisor's name:	Phone No.:		
Reasons for leaving:	<hr/> <hr/> <hr/>		

Company:	Your Title:		
Street Address:	Employed From:		
City, State, Zip:	Employed To:		
Salary or Rate of Pay:	Starting:	Ending:	
Responsibilities:	<hr/> <hr/> <hr/>		
Supervisor's name:	Phone No.:		
Reasons for leaving:	<hr/> <hr/> <hr/>		

If needed, please attach additional sheets to include additional employment history.

## CERTIFICATION AND AGREEMENT

### PLEASE READ CAREFULLY BEFORE SIGNING

**I CERTIFY** that all entries on this application for employment and attachements are true and complete, and I agree and understand that any falsification of information herein, material half-truths, material misstatements or omissions regardless of their time of discovery, may cause forfeiture on my part to any employment with the City of Laconia. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application.

**I AUTHORIZE** the City of Laconia to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, performance, attendance, personal history, disciplinary, arrest and conviction records (both juvenile and adult). Further, I hereby authorize all references, persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume and other documents supplied to me, if any) to provide the City of Laconia any relevant information that may be required to arrive at an employment decision. I understand that the information release is for the City of Laconia's use only.

**I RELEASE** any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, happen to me as a result of compliance, or any attempts to comply with this authorization.

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(Applicant's Signature)

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(Date)

**The City of Laconia is an Equal Opportunity Employer**