



TOWN OF CHESTER Employment Application

TOWN OF CHESTER - BOS
Municipal Office Building
84 Chester Street
Chester, NH 03036
Phone (603) 887-4979
Fax (603) 887-4274
chesterbos@gsinet.net

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Phone: () Cell Phone: () Email: _____
Date Available: _____ Desired Salary: \$ _____ Position Applied for: _____
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for the Town of Chester? YES NO If yes, when? _____
Have you ever been convicted of a felony? YES NO Have you ever been convicted of a crime involving theft or burglary? YES NO
If yes, explain: _____

Education

High School – City and State	Course of Study	Year(s) Completed	Diploma / Degree
Undergraduate / College – City and State	Course of Study	Year(s) Completed	Diploma / Degree
International Campus – Country	Course of Study	Year(s) Completed	Diploma / Degree
Graduate / Professional – City and State	Course of Study	Year(s) Completed	Diploma / Degree
Other (specify) – City and State	Course of Study	Year(s) Completed	Diploma / Degree

References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: () _____
Address: _____	
<hr/>	
Full Name: _____	Relationship: _____
Company: _____	Phone: () _____
Address: _____	
<hr/>	
Full Name: _____	Relationship: _____
Company: _____	Phone: () _____
Address: _____	

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

List Professional, Trade, Business or Civic Activities and Offices Held

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Applicant's Statement

The information set forth in this application is true, complete and accurate. I understand and agree that if employed, and during such period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, the Town of Chester may terminate my employment immediately. I hereby authorize the Town of Chester and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me. The Town of Chester may do a comprehensive background investigation regarding the accuracy or my employment application, not excluding a Drivers Record, Financial Inquiry Report and other such investigative inquiries. Inquiries as to my character, general reputation, personal characteristics and work habits will be included and I hereby release and save harmless the Town of Chester, their assigns and other institutions, employees and their assigns from any and all liability which might otherwise be incurred by gathering such information. I understand that a physical examination, drug and alcohol use tests, and/or a pre-employment personality/performance profile review may be required.

I AGREE THAT MY EMPLOYMENT WITH THE TOWN OF CHESTER IS FOR AN UNSPECIFIED DURATION AND CONSTITUTES "AT WILL" EMPLOYMENT. I ACKNOWLEDGE THAT THERE IS NO AGREEMENT, EXPRESS OR IMPLIED, BETWEEN ME AND THE TOWN OF CHESTER FOR ANY SPECIFIC PERIOD OF EMPLOYMENT, NOR FOR CONTINUING OR LONG TERM EMPLOYMENT, THE TOWN OF CHESTER AND I EACH HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT GOOD CAUSE, WITH OR WITHOUT NOTICE.

Signature of Applicant

Date

The Town of Chester is an Equal Opportunity Employer
*We consider applicants for all positions without regard to Race, Color, Religion,
Creed,
Gender, National Origin, Age, Disability, Marital Status, Veteran Status,
Or any other legally protected status*

Instructions for Submitting Application

MAIL TO: **TOWN OF CHESTER - BOS**
Municipal Office Building
84 Chester Street
Chester, NH 03036

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Position Offered: _____ If yes, what position? _____

Anticipated Start Date: _____

Potential Salary: _____