



**Town of Wakefield, New Hampshire**  
 2 High Street  
 Sanbornville, NH 03872  
*Selectmen's Office* (603) 522-6205 Fax (603) 522-6794  
 townadmin@wakefieldnh.com

**-Office Use Only-**

**Application Received:**

**By:**

## Application for Employment

*Please complete all sections completely and accurately.*

### I. General Information

Position Applied for : \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

*Permanent Address:*

\_\_\_\_\_  
 Street Town State Zip Code

Telephone Number(s): Residence ( ) \_\_\_\_\_ Daytime Telephone ( ) \_\_\_\_\_

*Mailing Address (if different):*

\_\_\_\_\_  
 Street/P.O. Box Town State Zip Code

### II. Employment History

*Begin with your most recent employer. Explain any gaps in your employment history. If additional space is needed, please use the back.*

Company Name	Position Held	Address/Telephone	Employed Dates From/To	Final Hourly Pay	Reason for Leaving
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>					

**III. Military Service**

Service Branch	Years of Service	Rank Obtained	Present Status
			<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired

**IV. Education and Training**

Grade Level	Location	Grade Completed	Subject or Major
Grammar			
High School			
College			
Trade, Business, Correspondence School			

*Please describe any special training and/or qualifications you may have for this position:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. References**

*Please list three references (non-relative) that can address your abilities and qualifications for the position.*

Name	Relationship	Address/Day Time Telephone	Years Known

**VI. Acknowledgement**

I have completed the above application to the best of my knowledge and hold that the statements incorporated herein are truthful. I understand that if any information is misrepresented or omitted by me, my application may no longer be considered valid and/or my employment may be terminated immediately.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Criminal and Motor Vehicle Background Check

## Voluntary Consent Form

I \_\_\_\_\_, hereby voluntarily give consent to the Town of Wakefield Police Department to conduct a criminal and motor vehicle record check as part of my pre-employment background investigation with the Town of Wakefield, New Hampshire.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_