

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement
  Friend
  Inquiry  
 Employment Agency
  Relative
  Other \_\_\_\_\_

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full Time (Please indicate 1 2 3 shift)  
Part Time (Please indicate Mornings Afternoon Evenings)  
Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ -- \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
Address	From	To	
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments: Include explanation of any gaps in employment.**


NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**


**Describe any job-related training received in the United States military.**


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*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*


**SPECIALIZED SKILLS (Skills/Equipment Operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_ YES \_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Warren Dowaliby**  
Superintendent

**STRAFFORD COUNTY DEPARTMENT OF CORRECTIONS  
266 COUNTY FARM ROAD  
DOVER, NH 03820  
TEL. 603-742-3310/FAX 603-742-9606**

**APPLICANTS NOTIFICATION CONSENT/AUTHORIZATION FORM**

I understand that as part of my pre-employment or at the discretion of the Strafford County Department of Corrections Superintendent, I may be required to submit to drug testing. If I refuse such testing, I may no longer be considered for employment and/or my employment may be terminated.

I hereby authorize the Superintendent of the Strafford County Department of Corrections and/or the Strafford County Sheriff's Department in Dover, New Hampshire, to check for any motor vehicle and criminal record concerning myself. I hereby release all individuals connected, including the Strafford County Commissioners of Dover, New Hampshire, for any and all damages what so ever incurred by furnishing such information.

I also understand that while I am employed at the Strafford County Department of Corrections, if I am accused of a crime, I may be required to submit to a Poly Graf Exam and further understand that if I refuse the exam, I will be discharged immediately.

Have you ever been convicted of a crime (check one): YES \_\_\_ NO \_\_\_

NAME (printed) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_