



# CITY OF MANCHESTER, NH

## EMPLOYMENT APPLICATION

**Submit Application To:**  
HUMAN RESOURCES DEPARTMENT  
ONE CITY HALL PLAZA  
MANCHESTER, NH 03101-4000  
Tel: (603) 624-6543 TTY/Voice  
Fax: (603) 628-6065

**All information provided by applicants for employment on this application form may be verified for accuracy. Inaccurate information may be grounds for disqualification for, or dismissal from, employment. We offer equal employment opportunity to all persons without regard to race, color, religion, age, gender, national origin, disability, sexual orientation, marital or veteran's status or any other legally protected status.**

NAME: \_\_\_\_\_ DATE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Position Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary/Seasonal \_\_\_\_\_

Are you a US citizen? Yes \_\_\_ No \_\_\_ If not, do you have the legal right to work in the US? Yes \_\_\_ No \_\_\_ (Visa type \_\_\_\_\_)

Are you at least 18 years of age? Yes \_\_\_ No \_\_\_

Have you ever worked for the City of Manchester? Yes \_\_\_ No \_\_\_ If yes, When? \_\_\_\_\_

What Department? \_\_\_\_\_ Supervisor \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ If employed, why do you wish to change positions? \_\_\_\_\_

Type of School	Name/Address	Course/Major	Last Yr Completed	Graduate?	List Degree
High School			9 10 11 12	<input type="checkbox"/> Y <input type="checkbox"/> N	
Trade/Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			5 6 7 8	<input type="checkbox"/> Y <input type="checkbox"/> N	

Provide additional information such as special skills, equipment operation, languages, supervisory experience, training or other qualifications helpful to us in considering you for this position.

List volunteer experience you have as it relates to this position.

Agency Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Hours per week \_\_\_\_\_

Duties \_\_\_\_\_

Have you ever been convicted of any violation of the law (misdemeanor or felony) that has not been officially annulled? Yes \_\_\_ No \_\_\_ If yes, state date, place and nature of conviction (a conviction will not necessarily disqualify an applicant from employment, as each case is considered individually) \_\_\_\_\_

Valid Motor Vehicle Operator's License? Yes \_\_\_ No \_\_\_ What State? \_\_\_\_\_

Do you possess a Commercial Driver's License? Yes \_\_\_ No \_\_\_ Type? \_\_\_\_\_ What State? \_\_\_\_\_

List other valid licenses, registrations or certificates you possess \_\_\_\_\_

**PRIOR WORK RECORD** (start with most recent or current employer and work back at least **ten years**). Resumes may be attached, **but not in lieu of completing this section**. Incomplete employment history and/or statements such as "refer to resume" will be cause for disqualification. If more space is needed, please complete and attach a separate page.

**Application must be signed and dated on Page 3 to be considered valid and complete.**

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Current Employer \_\_\_\_\_ Tel. # \_\_\_\_\_ Part time \_\_\_ Full Time \_\_\_  
Address \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Supervisor (Name/Position) \_\_\_\_\_ Number of People You Supervise \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Previous Employer \_\_\_\_\_ Tel. # \_\_\_\_\_ Part time \_\_\_ Full Time \_\_\_  
Address \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Supervisor (Name/Position) \_\_\_\_\_ Number of People You Supervise \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
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Supervisor (Name/Position) \_\_\_\_\_ Number of People You Supervise \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**PRIOR WORK RECORD (continued)**

Previous Employer \_\_\_\_\_ Tel. # \_\_\_\_\_ Part time \_\_\_ Full Time \_\_\_  
Address \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Supervisor (Name/Position) \_\_\_\_\_ Number of People You Supervise \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Address \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Supervisor (Name/Position) \_\_\_\_\_ Number of People You Supervise \_\_\_\_\_  
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Address \_\_\_\_\_ Date Hired \_\_\_\_\_ Date Left \_\_\_\_\_  
Supervisor (Name/Position) \_\_\_\_\_ Number of People You Supervise \_\_\_\_\_  
Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you ever been discharged or asked to resign from any job? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION AGREEMENT AND CERTIFICATION**

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Manchester and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Manchester retains the same right.

I understand that prior to being offered employment with the City of Manchester, I may be requested to take pre-employment exams and/or tests. In the event I have a disability which will affect my ability to take the test, I will so inform the City of Manchester prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The City of Manchester reserves the right to require medical documentation concerning the need for the accommodation. I understand that if employed, policies and rules which are issued are not conditions of employment and that the City of Manchester may revise policies or procedures, in whole or part, at any time.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HR DEPT. USE ONLY  
REVIEWED BY:**

**DATE:**

**RELEASE FORM-EMPLOYMENT REFERENCES**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I authorize my current and/or previous employer/s to furnish the City of Manchester the information requested in the reference check that they may conduct. I further promise to hold said current and/or previous employers, its employees and officers harmless for any statements made herein.

Signature \_\_\_\_\_ Social Security number \_\_\_\_\_

Please check:  
(if No, please provide explanation)

Yes I authorize the City of Manchester to contact my former employer(s) to obtain data necessary to support this application.

No \_\_\_\_\_  
\_\_\_\_\_

Yes I authorize the City of Manchester to contact my present employer to obtain data necessary to support this application.

No \_\_\_\_\_  
\_\_\_\_\_

Applicants for summer temporary employment, or no job experience at all, must provide the names of two personal references whom we may contact regarding you (e.g., teachers, guidance counselors, or others):

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Employed by \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Employed by \_\_\_\_\_  
Phone # \_\_\_\_\_



# City of Manchester

## Human Resources Department

One City Hall Plaza  
Manchester, New Hampshire 03101

Tel: (603) 624-6543  
Fax: (603) 628-6065

### JOB APPLICATION SUPPLEMENT

(voluntary)

The following information is being gathered by the City of Manchester, NH, Human Resources Department for Equal Employment Opportunity reporting requirements. The statistical information we obtain through the use of this form is valuable to us and will remain confidential. This information **will not** be sent with your application to a City Department at any time during the hiring process.

The City of Manchester, NH, does not discriminate on the basis of age, race, color, creed, religion, gender, national origin, sexual orientation, disability or marital status.

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#### PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. Sex  Male  Female

2. Date of Birth: \_\_\_\_\_  
Month/Day/Year

3. List the position for which you are applying: \_\_\_\_\_

4. Racial/ethnic data: Please identify yourself in terms of the racial/ethnic groups listed below by checking the appropriate box:

Black

American Indian or Alaskan Native

Hispanic

Asian or Pacific Island

White

Other (Specific) \_\_\_\_\_

5. How did you hear about this job? \_\_\_\_\_

6. If you saw this position advertised, tell us where you saw the ad: \_\_\_\_\_

7. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State zip

Phone: \_\_\_\_\_ Date: \_\_\_\_\_