



Type of School	Name of School, City & State	Number of years completed	Graduate		Course Pursued/ Degrees Granted
			Yes	No	
Grade School					
Junior High School					
Senior High School					
College or University					
Business Trade or Technical School or College					
Correspondence or Special School or College					

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, or military service.

---

List specific skills or office machines, tools, machinery, or other equipment that you are trained on and can operate:

---



---



---

### PERSONAL REFERENCES

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
 Name Address Phone

2. \_\_\_\_\_  
 Name Address Phone

3. \_\_\_\_\_  
 Name Address Phone

### EMPLOYMENT RECORD

Starting with your present or most recent job, list your employment experience. You may include job related military service assignments and volunteer activities that reflect your qualifications for employment. **Do not omit any employment during the last ten years.**

<b>Employer</b> <hr/> Address <hr/> Telephone <hr/> Job Title <hr/> Immediate Supervisor:	<u>Employment Dates</u> From: To: <hr/> <u>Salary/Hourly Rate</u> Starting: Final:	Kind of Work Performed:  Reason for Leaving
<b>Employer</b> <hr/> Address <hr/> Telephone <hr/> Job Title <hr/> Immediate Supervisor:	<u>Employment Dates</u> From: To: <hr/> <u>Salary/Hourly Rate</u> Starting: Final:	Kind of Work Performed:  Reason for Leaving
<b>Employer</b> <hr/> Address <hr/> Telephone <hr/> Job Title <hr/> Immediate Supervisor:	<u>Employment Dates</u> From: To: <hr/> <u>Salary/Hourly Rate</u> Starting: Final:	Kind of Work Performed:  Reason for Leaving
<b>Employer</b> <hr/> Address <hr/> Telephone <hr/> Job Title <hr/> Immediate Supervisor:	<u>Employment Dates</u> From: To: <hr/> <u>Salary/Hourly Rate</u> Starting: Final:	Kind of Work Performed:  Reason for Leaving

**If you need additional space, please continue on a separate sheet of paper.**

May we contact the employers listed above?  Yes  No

If no, please indicate which one(s) you do NOT wish us to contact, and state the reason why. \_\_\_\_\_

Have you ever been discharged or asked to resign from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

## **Applicant's Statement**

***Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.***

- \_\_\_\_\_ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge.
- \_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained, among other ways, through interviews with the personal references and past employers listed, through a credit check, a criminal history check, and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.
- \_\_\_\_\_ I hereby release all parties, including but not limited to the City of Manchester, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the City of Manchester concerning me or any action the City of Manchester takes on the basis of such information.
- \_\_\_\_\_ I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.
- \_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by the City of Manchester is contingent upon my ability to produce the required documentation within the time period required by law.
- \_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by the City of Manchester, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other material do not create any guarantee of employment and that the City of Manchester has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Manchester, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on the City of Manchester.

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

\_\_\_\_\_  
Date