



Town of Wilton
 42 Main Street * P.O. Box 213 * Wilton, NH 03086
 Phone: (603) 654-9451 * Fax: (603) 654-6663
 Submit to: recruitment@wiltonnh.org

EMPLOYMENT APPLICATION

DATE:

LAST NAME:	FIRST NAME:
MAILING ADDRESS:	
CITY:	STATE: ZIP:
TELEPHONE:	SSN:
POSITION APPLYING FOR:	

EDUCATION

EDUCATION LEVEL:		DEGREE:		
	<i>Name & Location of School</i>	<i>Number of years attended</i>	<i>Degree type</i>	<i>Subjects Studied</i>
High School				
College				
Other				

EXPERIENCE

<i>Date of Employment</i>	<i>Employer Name & Address</i>	<i>Position</i>	<i>Final wage</i>	<i>Reason for leaving</i>
<i>From - To</i>				
<i>From - To</i>				
<i>From - To</i>				
<i>From - To</i>				

MILITARY SERVICE

Branch of Service:	
Discharge Date:	Rank:
Reserve/National Guard membership? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)	
Date obligation ends:	

1. Over age 18 years? Yes No
2. Able to provide, upon employment, genuine proof of identity and eligibility to be legally employed on an unrestricted basis in the United States? Yes No
3. Are you a licensed driver? (answer only if position requires) Yes No
4. Are you a previous employee of the town? Yes No

If YES, give dates of previous employment:

From _____ To _____

5. Have you ever been convicted of a felony? Yes No

If YES, give date, place, charge and disposition: _____

6. Do you have relatives currently employed with the town? Yes No

If YES, state name and relationship: _____

SPECIAL SKILLS/LICENSES

Type: _____ License number: _____

Expiration date: _____

List any other skills you have that will be beneficial in the performance of the position for which you are applying:

REFERENCES

<i>Name</i>	<i>Company name</i>	<i>Address (City/State)</i>	<i>Telephone</i>	<i>Years Known</i>

CERTIFICATION/AUTHORIZATIONS

I certify that the information contained in this application and in any accompanying supplemental materials provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Wilton to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. I understand that refusal to grant this authorization will not necessarily void my application. If employed by the Town of Wilton, I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Wilton to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Wilton may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in this screening process shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Wilton.

Applicant Signature

Date

Resume and/or letters of reference also included.

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, PREGNANCY, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL, VETERAN OR ANY OTHER LEGALLY PROTECTED STATUS.

AMBULANCE ADDENDUM

Date: _____

EMS Provider's Provider Name: _____

EMS Provider Date of Birth: _____

Date of Exam: _____

I, the undersigned, have reviewed the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT Functional Job Analysis and feel that the above mentioned individual is capable of performing the physical tasks listed at the time of this letter. These physical traits include:

Aptitudes required of work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk stand, lift, carry and balance at times, 125 pounds. Motor coordination is necessary because over uneven terrain the patient's, the EMT/Paramedic's, and other workers' well-being must not be jeopardized.

If the individual is NOT capable of performing the tasks in the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT Functional Job Analysis, please document below.

Physician Name: _____
Signature

Print Name

Provider Name: _____
Signature

Print Name