



# Lincoln Police Department

PO Box 488, 148 Main Street, Lincoln NH, 03251 (603)745-2238 FAX (603)745-8694

## Application for Employment Town of Lincoln, New Hampshire

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

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/PO Box City State Zip Code

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

Phone number: \_\_\_\_\_ If less than 5 years at present address Are you 18 years or older?  Yes  No

Are you a U.S. Citizen or an Alien authorized to work in the United States?  Yes  No

### Employment Desired:

Position: \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed?  Yes  No

May we inquire of your present employer?  Yes  No

Have you ever applied to the Town of Lincoln for employment before?  Yes  No

When? \_\_\_\_\_

Referred by: \_\_\_\_\_

### Education:

Name and Location of School Number of Years Attended/Graduate

Grammar School

High School

College Course of Study

Trade, Business or Correspondence School Subjects Studied

### General Information:

Subjects of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (civic, athletic, etc.): \_\_\_\_\_

U.S. Military or Naval Service:  Yes  No Rank: \_\_\_\_\_ Guards/Reserve: \_\_\_\_\_

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**Former Employers:** List below last three employers, starting with the most recent.

Date Mo./Yr.	Name & Address	Salary/Position	Reason for leaving
From To _____	_____	_____	_____
From To _____	_____	_____	_____
From To _____	_____	_____	_____

**References:** give the names of three persons not related to you, whom you have known at least one year. Include one previous employer.

Name	Address	Business	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I authorize the Town of Lincoln to do a background check on the information I have listed on this application. If deemed necessary, a police record check may also be performed. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. The Town of Lincoln has a workplace, smoke-free policy. The Town of Lincoln is an equal opportunity employer, and does not discriminate because of race, creed, color, age, or disabilities.

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

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired:  Yes  No Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Start Date: \_\_\_\_\_ Benefits Reviewed (if applicable):  Yes  No