



# 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

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

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

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

Phone number: \_\_\_\_\_ 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.): \_\_\_\_\_



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

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

Date Mo./Yr. From To	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	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.

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

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(for official use only)

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

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

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

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