NOTICE TO ALL APPLICANTS

To avoid delays in processing your application, read the following, as you may be required to submit additional forms with your employment application.

Driver Experience and Qualifications: This form is required for all positions that require a Commercial Driver's License (CDL)

NH DOT Pre-Employment Urinalysis Notification: This form is required for all positions that require CDL.

Release of Motor Vehicle Records: This form is required for all positions that require a driver's license (CDL and non-CDL). Please check Supplemental Job Description (SJD) to find out whether the job that you are applying for requires a driver's license. Please check NH DOT Intranet or Motor Vehicle Division's website at http://nh.gov/safety/dmv/forms/dsmv505.pdf to obtain this form.

Agency Fee Notice: This form is only for applicants who are not currently in a full time permanent position at NH DOT.

Note: If you are currently working in a full-time permanent position at NH DOT and the job that you are applying for does not require a driver's license, you do not need to submit any of the above forms.

Print Form | Clear Form

Form PD 1 Rev 03/01
STOCK #4440

APPLICANT INFORMATION

Name:_____
(LAST) (FIRST) (MIDDLE)

Social Security No.*_____

Mailing Address:_____
(STREET, P.O. BOX)

Home Phone _____

_____
(CITY) (STATE) (ZIP CODE)

Work Phone /Ext _____

***Strict confidentiality of Social Security Number will be maintained.**

FOR OFFICIAL USE ONLY

Class Code _____

Class Title _____

Received by_____

Agency _____

Accepted / Rejected Date_____

Reason _____

In-House Posting Yes____ No_____

STATE OF NEW HAMPSHIRE

The State of New Hampshire Is an equal opportunity employer.

Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

APPLICATION FOR EMPLOYMENT

Please print neatly or type the application.

Be sure you have filled in the "Applicant Information" section at the top of this application.

You are encouraged to provide a copy of your current resume, but

RÉSUMÉS **WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION FOR EMPLOYMENT.**

Position for which you are applying:_____ Position Number (if known):_____ Agency where position is located:_____

Will you accept part-time employment: Yes _____ No_____

Will you accept employment anywhere in the State? Yes ____ or ____ no? If you answered "NO," please circle up to three counties in which you will accept employment.

Merrimack 00100 Belknap 00200 Hillsborough 00300 Rockingham 00400 Cheshire 00500 Coos 00600 Strafford 00700 Sullivan 00800 Grafton 00900 Carroll 01000

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes____ No_____

Have you been employed by a NH State agency before? Yes_____ No_____ If yes, when?_____

For what State agency were you employed?_____ In what position?_____

What was your reason for leaving?_____

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU **MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.**

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF CONVICTION.

_____

_____

Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.

WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

EDUCATION

Please select the highest school grade completed: 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 or G.E.D. ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

_____

_____

_____

If the position for which you are applying requires postsecondary education credits,
YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.

Name of School	Major	Degree or Certificate Earned

INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software applications or programming languages in which you are proficient:

_____

_____

_____

VETERAN'S PREFERENCE

You may be eligible for veteran's preference points upon INITIAL application/entry into the classified State service for military duty performed during qualifying periods of war/armed conflict.
To request veteran's preference points, PROOF OF ELIGIBILITY FOR VETERAN'S PREFERENCE MUST BE SUBMITTED WITH THE APPLICATION.
Please check one of the following if you wish to request veteran's preference points:

_____War veteran (5 points)
_____Unremarried surviving spouse of a war veteran (5 points)
_____Spouse of disabled war veteran with service-connected total disability (5 points)
_____ Disabled war veteran with 10% or more service-connected disability. (10 points)
_____ Unremarried spouse of a war veteran whose death was service-connected (10 points)

LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

CDL #_____Class_____ Expires___/___/___ LPN #_____ Expires___/___/___
PE/EIT#_____ Expires___/___/___ RN #_____ Expires___/___/___
Other:_____ Expires___/___/___ Other:_____ Expires___/___/___

(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)

CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATION

If you have completed approved coursework and have achieved special certification through training or examination (i.e., Certified Public Manager or Certified Public Supervisor) please complete the following:

_____

(Title or Certificate Earned) (Date Certificate Earned) (Certifying State, Agency or Organization)

IN ORDER TO RECEIVE CREDIT FOR CERTIFICATION, YOU MUST SUBMIT PROOF OF COURSE COMPLETION AND THE CERTIFICATE EARNED.

EXPERIENCE - WORK HISTORY

In the sections below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying*. If more space is needed, please attach additional sheets. Your are encouraged to submit a current résumé with your application.

PLEASE NOTE: RÉSUMÉS WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer:_____ Address:_____ Phone / Ext _____
Your Job Title:_____ Supervisor's Name/Title:_____
Dates of Employment: From: Mo.___Year___ to Mo.___Year____ Hours Worked Per Week:_____. May we contact? _____Yes _____No
Specific duties: Please describe the duties you performed in your position:_____

How many employees did you supervise?___ Did you assign their work?_____ Reject unsatisfactory work?___ Did you have the authority to hire/fire?___
Reason you left this position:_____

Employer:_____ Address:_____ Phone / Ext _____
Your Job Title:_____ Supervisor's Name/Title:_____
Dates of Employment: From: Mo.___Year___ to Mo.___Year____ Hours Worked Per Week:_____. May we contact? _____Yes _____No
Specific duties: Please describe the duties you performed in your position:_____

How many employees did you supervise?___ Did you assign their work?_____ Reject unsatisfactory work?___ Did you have the authority to hire/fire?___
Reason you left this position:_____

Employer:_____ Address:_____ Phone / Ext _____
Your Job Title:_____ Supervisor's Name/Title:_____
Dates of Employment: From: Mo.___Year___ to Mo.___Year____ Hours Worked Per Week:_____. May we contact? _____Yes _____No
Specific duties: Please describe the duties you performed in your position:_____

How many employees did you supervise?___ Did you assign their work?_____ Reject unsatisfactory work?___ Did you have the authority to hire/fire?___
Reason you left this position:_____

Employer:_____ Address:_____ Phone / Ext _____
Your Job Title:_____ Supervisor's Name/Title:_____
Dates of Employment: From: Mo.___Year___ to Mo.___Year____ Hours Worked Per Week:__._____ May we contact? _____Yes _____No
Specific duties: Please describe the duties you performed in your position:_____

How many employees did you supervise?_____ Did you assign their work?_____ Reject unsatisfactory work?_____ Did you have the authority to hire/fire?_____
Reason you left this position:

_____I have enclosed a copy of my current résumé.

I understand that in order for my application to be considered, the Affirmation below must be completed.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated.

SIGNATURE OF APPLICANT:_____ DATE OF APPLICATION:_____

Applications are available in modified formats for persons with disabilities. Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section.

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

NEW HAMPSHIRE DIVISION OF PERSONNEL
DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE HOUSE ANNEX
25 CAPITOL STREET
CONCORD NH 03301

RECRUITMENT/EMPLOYMENT SURVEY
Please complete the following to assist in our recruitment efforts.

I learned of this career opportunity through:
_____(B89) Private Employment Agency
_____(F89) New Hampshire Division of Personnel
_____(C89) Newspaper (name)_____
_____(E88) Radio/TV advertisements
_____(D88) "Opportunities in NH State Government" bulletin
_____(D89) In-house posting within my agency
_____(E89) Job Fair
_____(A89) N.H. Employment Security
_____(G89) Other (please explain)
_____
_____

NHDOT PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The US DOT Regulations, 49CFR 382 apply to all CDL driver-applicants of this agency. Driver-applicants must be tested for controlled substances as a pre-condition for employment, pursuant to 49CFR section 382.301.

The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to this agency. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will result in withdrawal of any offer of employment into a position requiring a CDL.

Any State employees who are applying for a position requiring a CDL, who are not currently employed in a position requiring a CDL, may be subject to disciplinary action, up to and including termination, in their current position if they receive a positive test. Please refer to your agency's substance abuse policy.

I understand the above conditions and hereby agree to comply with them.

_____
Applicant's Name (Please Print)

_____
Applicant's Signature

******Applications for positions requiring CDL's must include this signed form to be considered complete.***

Important Notice to Employees Hired on or after July 1, 2003

The agency of state government that employs you is a certified bargaining unit represented by SEIU local 1984, the State Employees' Association of New Hampshire (SEA). This means that the SEA is the exclusive representative of all employees in that unit and must represent all employees in that unit whether or not those employees are members of the SEA.

In recognition of this obligation to represent all unit employees, the State of New Hampshire and the SEA have agreed as part of the Collective Bargaining Agreement to require all employees hired on or after July 1, 2003 to either join the SEA as dues paying members or to pay a fee to the SEA to compensate the SEA for the actual cost of representation.

The fee that is assessed in lieu of dues is calculated annually by an independent audit of the SEA's expenses and is currently an amount equal to 56% of the full dues paid by members of the SEA.

Please understand that as a condition of employment, you must execute a Payroll Deduction Authorization and indicate whether you wish to be a **Full Member** or pay an **Agency Fee.** A condition of employment means that your employment is contingent upon choosing whether to join the SEA or pay an agency fee and that this is a mandatory requirement for working at the agency that employs you, similar to joining the New Hampshire Retirement System or having taxes withheld.

Please print and sign your name in the spaces provided to acknowledge your receipt and understanding of this notice.

Print Name:_____

Signature: _____ Date: _____

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)

NH DEPARTMENT OF SAFETY
Division of Motor Vehicles
10 Hazen Drive, Concord, NH 03305

Tele:		
	Driver Records	(603) 271-2322
	Registration	(603) 271-2251
	Repro	(603) 271-2128
	Title	(603) 271-3111
	Fax	(603) 271-1061 (all areas)

Form DSMV 505 (Rev. 07/03)

I. Requested Information: Are you requesting:

A. ☐ Your Motor Vehicle Record?

B. ☐ Another person's Motor Vehicle Record?
The back of this form must be completed and notarized.

C. ☐ Another person's Motor Vehicle Record as an authorized agent of your employer or a company?
A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.

II. Requestor Information:

Name of Requestor: State of New Hampshire

Employer/Company (If applicable): NH Department og Transporation

Address: 7 Hazen Drivce PO Box 483 Tele.#: 603-271-6070

City: Concord State: NH Zip: 03302

III. Requested Records:

☐ Driver Record (Certified copy): $ 10.00

☐ Driver Record (Non-Certified copy): $ 8.00

☐ Driver Record (Insurance copy): $ 8.00

☐ Registration Listing (Current Information Only): $ 5.00

☐ Registration (Certified copy): $ 10.00

☐ Title Search: $ 20.00

☐ License Applications and Letters of Verification: $ 10.00

☐ Insurance Card (Accident use only): $ 1.00

☐ Accident Report **(Requestor will be notified of cost):**
$ 1.00 per page ($5.00 minimum)

☐ Other: _____: $_____

Make checks payable to "State of NH – DMV"

IV. Intended Use of Information:
IMPORTANT: To be completed only if you checked Box C above

☐ For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____[RSA 260:14 V (a)(2)].

☐ By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].

☐ For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].

☐ For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) _____ [RSA 260:14 V (a)(6)].
Indicate specific reason here

☐ By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].

☐ By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].

☐ For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].

☐ Vehicle or boat information only.

☐ For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. **In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting.** _____ [(RSA 260:14, V(a)(10)]
(Initial here)

V. Search For (provide all applicable information):

Name: _____

Date of Birth: _____

Registration/Plate #: _____

Driver License/I.D. #: _____

Vehicle Identification #: _____

Last Known Address: _____

_____

Date of Accident: _____

Location of Accident: _____
Route/Street City/Town

Other Identification Information: _____

******Reverse Side Must Be Completed Before Processing******

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

Notary Public / Justice of the Peace Acknowledgement:	**Certification:**
I authorize my record to be released to a third person: _____ Date:_____ (Signature) State of _____, County of: _____ss Date: _____ The above named _____ personally appeared and made oath that the above declaration by him is true. In witness whereof I hereunto set my hand and official seal: _____ _____ Notary Public/Justice of the Peace Commission Expiration	I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX. _____ ***Signature of Requestor*** ***Date:*** _____

VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY

Date Received:_____ Date Sent:_____

Type of Identification: ☐ Valid Photo Driver License ☐ State-issued Photo ID ☐ Valid Military Identification
☐ Valid Passport ☐ Birth Certificate ☐ Other (specify) _____

ID Number _____

_____ _____
Employee Verifying Applicant Identification (Print Name) Signature

----------**DO NOT WRITE BELOW THIS LINE**----------

New Hampshire DOT
Department of Transportation

DRIVER EXPERIENCE AND QUALIFICATIONS

Driver Name: _____ **Date:** _____
(Please Print)

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ **Yes** ☐ **No**

B. Has any license, permit or privilege ever been suspended or revoked? ☐ **Yes** ☐ **No**

If you answered yes to either A or B above, please attach a statement with details.

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

List states operated in for last five years: _____

_____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)