

APPLICANT INFORMATION

Name: Last First (Initial) Cell Phone

Mailing address:

Home Phone

City: State: Zip:

Work Phone

Email Address:

***Social Security Number will be necessary for positions requiring examinations.**

FOR OFFICIAL USE ONLY

Class Code:

Class Title:

Reviewed 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.

ONLINE APPLICATION FOR EMPLOYMENT

Be sure you have filled in the "Application Information" section at the top of this application. You are encouraged to provide a copy of your current resume, but RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION.

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 No If you answered "NO", please check up to 3 counties in which you will accept employment:
 Merrimack Belknap Hillsborough Rockingham Cheshire Coos Strafford Sullivan Grafton Carroll

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

Indicate the **HIGHEST** 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:

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

Name of School	Major	Degree or Certificate Earned
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 application or programming languages in which you are proficient:

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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 claim veteran's preference points:

- War Veteran (5 points) Disabled war veteran with 10% or more service-connected disability (10 points)
 Unmarried surviving spouse of a war veteran (5 points) Unmarried spouse of a war veteran whose death was service-connected (10 points)
 Spouse of disabled war veteran with service connected **total disability** (5 points)

LICENSE AND CERTIFICATION

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

CDL #:	<input type="text"/>	Class:	<input type="text"/>	Expires:	<input type="text"/>	LPN#:	<input type="text"/>	Expires:	<input type="text"/>
PE/EIT #:	<input type="text"/>	Expires:	<input type="text"/>	RN#:	<input type="text"/>	Expires:	<input type="text"/>		
Other:	<input type="text"/>	Expires:	<input type="text"/>	Other:	<input type="text"/>	Expires:	<input type="text"/>		

CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATION

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
(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 section 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 include a resume.

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

Employer: Address: Phone:

Your Job Title: Supervisor (Name/Title):

Dates of Employment: From: Mo. Year: To: Hours worked per week: May we contact?

Specific duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have the authority to hire or fire?

Reason you left this position:

Employer: Address: Phone:

Your Job Title: Supervisor (Name/Title):

Dates of Employment: From: Mo. Year: To: Mo. Year: Hours worked per week: May we contact?

Specific duties: Please describe the duties you performed in your position:

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Your Job Title: Supervisor (Name/Title):

Dates of Employment: From: Mo. Year: To: Mo. Year: Hours worked per week: May we contact?

Specific duties: Please describe the duties you performed in your position:

Did you supervise any employees? Did you assign their work? Did you reject unsatisfactory work? Did you have the authority to hire or fire?

Reason you left this position:

I have attached a copy of my current resume.

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

I certify 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 statement and the answer to the question 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 service may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position.

By checking this box, you are certifying that you have read and agreed to the above statement

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE

Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section.

RECRUITMENT/EMPLOYMENT SURVEY

To submit a printed application by mail:

NHLC – HR
PO BOX 503
Concord, NH 03302-0503

To submit an application via email: hr@liquor.state.nh.us

To view all jobs within the NH Liquor Commission please visit:

<http://www.nh.gov/liquor/index.shtml>

For assistance please call 603-230-7044

Please check one of the following to assist in our recruitment efforts.
I learned of this career opportunity through:

- | | |
|--|--|
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Radio/TV advertisements |
| <input type="checkbox"/> Opportunities in NH State | <input type="checkbox"/> In-house posting within my agency |
| <input type="checkbox"/> Job-Fair | <input type="checkbox"/> NH Division of Personnel |
| <input type="checkbox"/> NH Employment Security | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newspaper - Name: | |



New Hampshire Liquor Commission

Employee Work Availability Schedule

Applicant's Name: _____

Please fill in below the times that you are available to work.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start	_____	_____	_____	_____	_____	_____	_____
End	_____	_____	_____	_____	_____	_____	_____

Since the NH Liquor Stores are located around the state, how many miles are you willing to travel to work?
