Form PD 1 Rev. 10/93
STOCK #4440

PLEASE COMPLETE THIS SECTION FIRST

Name: _____ Social Security No. _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____ Home Phone (____) _____

_____ Work Phone (____) _____
(CITY) (STATE) (ZIP)

FOR OFFICIAL USE ONLY
Certification Information

Class Code _____
Generic Title _____
Position Title _____
Reviewed by _____
Agency _____
Accepted / Rejected Date _____
Reason _____
In-House Posting? Yes _____ No _____

NEW HAMPSHIRE
Division of Personnel

APPLICATION FOR EMPLOYMENT

Please print neatly or type application
Be sure you have filled in the identifying information at the top of this application.
Do not write in the space marked "For Official Use Only"

Position for which you are applying: _____ Agency where position is located: _____

This position is (circle one): full-time F part-time T temporary T seasonal S

Please circle **up to** three counties in which you will accept employment: — Circle none if you will accept employment statewide.

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

If the position requires a license or special certification, please complete the following:

Type of License or Certificate _____ License/Certificate # _____ Expiration Date _____

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

Have you been employed by this State before? Yes _____ No _____ If yes, when _____

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

What was your reason for leaving? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT HAS NOT BEEN ANNULLED BY A COURT? Yes _____ No _____

(Conviction is not an automatic bar to employment. Each case is considered on its individual merits. In the space below, give the date, location and nature of the crime. Indicate whether conviction was a misdemeanor or a felony. LACK OF EXPLANATION OR FAILURE TO COMPLETE THIS SECTION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

_____

_____

EDUCATION

Please circle 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 which should be considered with this application? Please explain below:

_____

College, Business, Trade School, Other Education. TRANSCRIPTS **MUST BE SUBMITTED** IF POSITION REQUIRES POSTSECONDARY EDUCATION

(photocopies accepted for certification purposes)

Name of School	Major	Degree or Certificate Earned

VETERANS PREFERENCE

You may be eligible for veteran's preference upon **INITIAL** entry into the classified State service for active military duty performed during certain eligibility dates.

Please check one of the following ("x") if you wish to claim veteran's preference:

War veteran (5 pts.) _____ Surviving spouse of war veteran (5 pts) _____

Disabled war veteran with **10% or more service-connected disability** (10 pts.) _____

Spouse of disabled war veteran with service-connected **TOTAL DISABILITY** (10 pts.) _____

IMPORTANT: Proof of eligibility for veteran's preference must be submitted with application to receive Veteran's Preference points

ELIGIBILITY DATES FOR SERVICE CREDIT

Date of entry into service:

Month _____ Day _____ Year _____

Date of separation from service:

Month _____ Day _____ Year _____

EXPERIENCE — WORK HISTORY

In the sections below, please describe your experience/work history, with emphasis on experience pertinent to the position for which you are applying. Resumés submitted in lieu of a completed application will **not** be accepted. Be sure to list your MOST RECENT EXPERIENCE FIRST. You are encouraged to bring an up-to-date resumé to any interview for this position

Employer: _____ Address: _____ Phone: ( ) _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

_____

_____

_____

_____

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: ( ) _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

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: ( ) _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year 555 to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

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: ( ) _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

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: (____) _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

_____

_____

_____

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: _____

_____

This affirmation MUST BE COMPLETED

I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected and, should I be employed, my services may be terminated.

SIGNATURE: _____ DATE: _____

(Each application must bear a **current date** and **original signature.**)

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, or any other non-merit factor is prohibited. Special testing arrangements may be made upon request for persons with disabilities by contacting the Examinations Bureau of the Division of Personnel.

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

NEW HAMPSHIRE DIVISION OF PERSONNEL
STATE HOUSE ANNEX
SCHOOL STREET
CONCORD, NEW HAMPSHIRE 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 (please name) _____
_____ (E88) Radio/TV ads
_____ (D88) "Opportunities in N.H. State Government" bulletin
_____ (D89) In-house posting for current State employees
_____ (E89) Job Fair
_____ (A89) Department of Employment Security
_____ (G89) Other (please explain) _____

_____

_____