



Town of Milton  
55 Industrial Way  
P. O. Box 310  
Milton, NH. 03851  
Phone: (603) 652-4501 FAX: (603) 652-4120

APPLICATION FOR EMPLOYMENT  
TOWN OF MILTON, NEW HAMPSHIRE

Thank you for your interest in employment with the Town of Milton. The Town is an Equal Opportunity/Affirmative Action Employer. We assure you that your opportunity for employment with the Town will be based only on your merit, without regard to race, color, religious creed, national origin, ancestry, sex, gender identity, age, criminal record (inquires only), handicap (disability), mental illness, sexual orientation, genetics, and active military status.

PLEASE NOTE: The Town accepts applications for advertised positions only, in order to be considered for a position, applications must be returned to the address above, or via email, by advertised deadline.  
INSTRUCTIONS: Each question should be fully and accurately answered. Please PRINT or TYPE, except for your signature on the back of the application. A separate application must be submitted for each position for which you are applying.

**GENERAL**

Position applying for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source:

- Newspaper Add     Online Add     Milton Employee     Relative     Other: \_\_\_\_\_  
 Employment Agency     School Website     Town Website  
 Name of Source (if applicable): \_\_\_\_\_ Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL**

Name: (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: (street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code) \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Are you at the age of 18 or older?  Yes     No    If no, List date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you worked for the Town of Milton before?     Yes     No

If yes, list department: \_\_\_\_\_

Dates of service: From (mo/yr) \_\_\_\_/\_\_\_\_ To (mo/yr) \_\_\_\_/\_\_\_\_

Were you in the U.S. Armed Forces?  Yes     No

If yes, which branch? \_\_\_\_\_

Dates of service: (from (mo/yr) \_\_\_\_/\_\_\_\_ To (mo/yr) \_\_\_\_/\_\_\_\_

Do you have a family member working for the Town?     Yes     No

If yes, please list his/her name and department:

(Name) \_\_\_\_\_ (Department) \_\_\_\_\_

**PRESENT AND PRIOR EMPLOYMENT**

Please list below employers in consecutive order with present or most recent employer listed FIRST. Account for all periods of time between employments.

A resume may be attached but DO NOT refer to the resume when completing all sections of this application. Use additional sheets if necessary.

Name of Employer: \_\_\_\_\_

Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP code) \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type of Business: \_\_\_\_\_

Dates of Employment: From (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ To (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer?     Yes     No

Reasons for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP code) \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type of Business: \_\_\_\_\_

Dates of Employment: From (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ To (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer?     Yes     No

Reasons for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: (street) \_\_\_\_\_  
(city) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP code) \_\_\_\_\_  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Dates of Employment: From (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ To (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?  Yes  No  
Reasons for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address: (street) \_\_\_\_\_  
(city) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP code) \_\_\_\_\_  
Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Dates of Employment: From (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ To (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer?  Yes  No  
Reasons for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated or asked to resign from any position?  Yes  No  
If yes, which position? \_\_\_\_\_  
Please explain the circumstances for termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL SKILLS, APTITUDES, AND OTHER QUALIFICATIONS**

Do you have experience with the following software programs?

- Word processing       Yes               No      Program Name: \_\_\_\_\_  
 Spreadsheet         Yes               No      Program Name: \_\_\_\_\_  
 Database               Yes               No      Program Name: \_\_\_\_\_  
 Social Media          Yes               No      Program Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class: \_\_\_\_\_

List any machinery or heavy equipment that you have operated efficiently: \_\_\_\_\_

Special qualifications and skills (licenses or certificates, memberships in professional organizations, etc.): \_\_\_\_\_

**EDUCATION**

Name and Location of School Graduated

High School	Yes
Year Graduated:	No
Vocational School	Yes
Major(s):	
Degree:	No
Undergraduate College	Yes
Major(s):	
Degree:	No
Graduate College	Yes
Major(s):	
Degree:	No

Additional education and/or vocational, technical or military training relevant to the position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List three (3) people who have known you at least one (1) year as references.

Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known
Name	Address	Telephone	Years Known

List any other additional information you would like us to consider: \_\_\_\_\_

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**AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Milton.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY**

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Arrange interview     Yes     No

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

Interviewer: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed     Yes     No

Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_