

**APPLICANT INFORMATION**

**FOR OFFICIAL USE ONLY**

Name: Last  First  (Initial  Cell Phone

Mailing address:  Home Phone

City:  State:  Zip:  Work Phone

Email Address:

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, gender identity, gender expression or any other non-merit factor is strictly prohibited.

**ONLINE APPLICATION FOR EMPLOYMENT**

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 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?



## 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 attach additional sheets. You are encouraged to submit a current resume with your application. 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:

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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**

Completed applications should be sent to the recruiting agency where the position vacancy exists.

Contact information may be found on our website below:

<https://das.nh.gov/hr/hr-contacts.aspx>

Please use the corresponding Agency Contact information for the position you are applying for.

For assistance please call 603-271-3261

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:         |  |