

**SCHOOL ADMINISTRATIVE UNIT 18**

Franklin & Hill School Districts  
119 Central Street  
Franklin, New Hampshire 03235

**APPLICATION FOR EMPLOYMENT**

\_\_\_\_\_ Date

To Applicant:

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. An understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Please circle the position for which this application applies:

- |             |                 |                                         |
|-------------|-----------------|-----------------------------------------|
| Secretary   | Teacher Asst.   | Food Service                            |
| Bookkeeper  | Spec. Ed. Tutor | Substitute Teacher (K-2 3-4 5-8 9-12)   |
| Maintenance | Custodian       | Co-Curricular (Athletic - Non Athletic) |

**PERSONAL**

Name: \_\_\_\_\_ Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First

Present Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

Would you work full time?  Yes  No Part time  Yes  No

Pay rate expected per week: \$ \_\_\_\_\_

If part-time, please specify days and hours available: \_\_\_\_\_

If your application is considered favorably, when could you start work? \_\_\_\_\_

Have you ever been arrested for or convicted of a crime which has not been annulled by a court?

Yes  No If yes, please list date of conviction, charge and court result \_\_\_\_\_

List experiences, skills and qualifications which you feel might be useful in the position(s) for which you have applied:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RECORD OF EDUCATION

Schools Attended (Name & Address)	Course of Study	Last Year Completed (Circle One)	Year of Graduation	Degree or Diploma (Specify)
High:		1 2 3 4		
College(s):		1 2 3 4		
Other (Specify):				

## MILITARY SERVICE

Branch of Service	From	To	Type of Discharge

## PERSONAL REFERENCES

NAME	ADDRESS (Please provide complete address)	Phone Number

**List present and all past employment, beginning with most recent:**

1. \_\_\_\_\_  
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. \_\_\_\_\_  
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. \_\_\_\_\_  
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

NOTE: We will contact the employers listed above to assess your previous work record.

My signature below indicates that the information given on this application is accurate and complete to the best of my knowledge. (Any inaccurate information will be grounds for dismissal)

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

**EQUAL OPPORTUNITY EMPLOYER  
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**(603) 934-3108 – FAX (603) 934-3462**

**FALSIFICATION IN OFFICIAL MATTERS**

New Hampshire RSA 641:3 Unsworn Falsification. A person is guilty of a misdemeanor if:

- I. they make a written false statement which they do not believe to be true, on or pursuant to a form bearing notification authorized by law to the effect that false statements made therein are punishable; or
- II. with a purpose to deceive public servants in the performance of their official function, the applicant
  - (a) makes any written false statement which they do not believe to be true; or
  - (b) knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
  - (c) submits or invites reliance on any writing which they know to be lacking in authenticity; or
  - (d) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.
- III. I \_\_\_\_\_ acknowledge that I have read the  
(applicant's signature)  
above information on falsification of official matters and hereby represent and warrant that all information submitted in the application for employment, and accompanying documents, is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Date

**Approved:** August 6, 1992

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**AUTHORIZATION TO RELEASE INFORMATION**

I authorize School Administrative Unit 18, its administrators or designees, to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency to give School Administrative Unit 18, its administrators or designees, any information they may have regarding me. In consideration of the review of this application, I release providers of information from any liability as a result of furnishing and receiving this information.

A copy of this release shall in all respects serve as an original.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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