

APPLICANT INFORMATION

Name: _____
(LAST) (FIRST) (MIDDLE)

Home Phone: _____

Mailing Address: _____
(STREET, PO BOX)

Work Phone: _____

(CITY) (STATE) (ZIP CODE)

Email: _____

FOR OFFICIAL USE ONLY

Class Code _____

Class Title _____

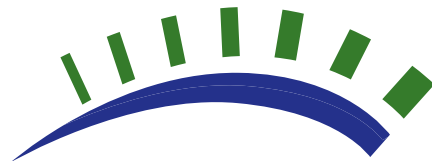
Reviewed by _____

CCSNH Location _____

Accepted / Rejected Date _____

Reason _____

Internal Announcement Yes _____ No _____



COMMUNITY COLLEGE
system of New Hampshire

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE
The CCSNH is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, religion, national origin, disability, genetic information, veteran status, marital status, sexual orientation, political affiliation, or any other non-merit factor is strictly prohibited.

APPLICATION FOR EMPLOYMENT

Please print neatly or type the application. **Be sure you filled in the "Applicant Information" section at the top of this application.**

You are encouraged to provide a copy of your current résumé, but RÉSUMÉS WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION FOR EMPLOYMENT.

Position for which you are applying: _____ Position Number (if known): _____

College / Location where position is located: _____

**PLEASE RETURN APPLICATION
TO THE RECRUITING LOCATION**

**ADDRESSES ARE AVAILABLE
ON OUR WEBSITE:
www.ccsnh.edu/mailling.html**

RECRUITMENT/EMPLOYMENT SURVEY

I learned of this career opportunity through:

- College/CCSNH website
- Newspaper (name) _____
- Job Announcement
- Job Fair
- N.H. Employment Security
- Other (please explain) _____

EDUCATION

Please check 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 that you want to be considered in reviewing this application? Please explain below

If the position for which you are applying requires postsecondary education credits or an earned educational degree,

YOU MUST SUBMIT OFFICIAL COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.

Name of School _____ Major _____ Degree or Certificate Earned _____

Name of School _____ Major _____ Degree or Certificate Earned _____

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LICENSES AND CERTIFICATION

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

CDL # _____ Class _____ Expires ____/____/____ LPN # _____ Expires ____/____/____

PE/EIT # _____ Expires ____/____/____ RN # _____ Expires ____/____/____

Other: _____ Expires ____/____/____ Other: _____ Expires ____/____/____

(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)

IN ORDER TO RECEIVE CREDIT FOR CERTIFICATION, YOU MUST SUBMIT PROOF OF COURSE COMPLETION AND THE CERTIFICATE EARNED.

Did you complete the WorkReadyNH program? ___ Yes ___ No Date: _____ Location: _____ NCRC level : ___ Platinum ___ Gold ___ Silver ___ Bronze

EXPERIENCE - WORK HISTORY

In the sections 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 résumé with your application.

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

Employer: _____ Address: _____ Phone: _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From Mo. ____ Year ____ To Mo. ____ Year ____ Hours Worked Per Week: _____ May We Contact? Yes No
Specific Duties (Please describe the duties you performed in your position): _____

How many employees did you supervise? _____ Did you assign their work? _____ Did you reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____
Reason you left this position: _____

Employer: _____ Address: _____ Phone: _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From Mo. ____ Year ____ To Mo. ____ Year ____ Hours Worked Per Week: _____ May We Contact? Yes No
Specific Duties (Please describe the duties you performed in your position): _____

How many employees did you supervise? _____ Did you assign their work? _____ Did you reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____
Reason you left this position: _____

Employer: _____ Address: _____ Phone: _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From Mo. ____ Year ____ To Mo. ____ Year ____ Hours Worked Per Week: _____ May We Contact? Yes No
Specific Duties (Please describe the duties you performed in your position): _____

How many employees did you supervise? _____ Did you assign their work? _____ Did you reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____
Reason you left this position: _____

Employer: _____ Address: _____ Phone: _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From Mo. ____ Year ____ To Mo. ____ Year ____ Hours Worked Per Week: _____ May We Contact? Yes No
Specific Duties (Please describe the duties you performed in your position): _____

How many employees did you supervise? _____ Did you assign their work? _____ Did you reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____
Reason you left this position: _____

_____ I have attached a copy of my current resumé.

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.

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

I certify that 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 the United States, and that I will produce, at or before the date of hire, proof of the right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions 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 misrepresentation 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 services may be terminated immediately.

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____