

Center Harbor Parks & Recreation Department Employment Application

General Information

Last Name	First	MI	Social Security No.
Address		City	State Zip Code
Phone ()	Cell Phone ()	Date Available:	
Check position(s) applying for:	Do you have a valid driver's license? Yes No Do you have transportation to and from work? Yes No Have you ever been arrested? Yes No If yes, where & when _____	Last Date Available:	
WSI Instructor <input type="checkbox"/> Lifeguard <input type="checkbox"/> Boat Launch Attendant <input type="checkbox"/> <input type="checkbox"/>			
How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?			
E-Mail Address:			
Are you a resident of Center Harbor? Yes No			
Home Address if different:			

Previous Affiliation

Are you now or have you ever been employed by Town of Center Harbor before?	Yes	No
If yes, please list the title, department, and dates:		

Certifications: (Lifeguard, CPR/AED, First Aid, etc Please forward copies with application)

Availability: Cross out time blocks that you cannot work: (i.e. Classes, Jobs, Personal Commitments)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 to 8 am							
8 to 9 am							
9 to 10 am							
10 to 11 am							
11 to 12 am							
12 to 1 pm							
1 to 2 pm							
2 to 3 pm							
3 to 4 pm							
4 to 5 pm							

Employment History: List current to last employers first, include U.S. military service.

Employer Name	Address	City	State	Zip Code
Telephone No. ()	Your Title		Department	
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title	
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Summary of duties:				

Reason for leaving:				
Employer Name	Address	City	State	Zip Code
Telephone No. ()	Your Title		Department	
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title	
Summary of duties:				
Reason for leaving:				
Employer Name	Address	City	State	Zip Code
Telephone No. ()	Your Title		Department	
Beginning Date	Ending Date	Final Salary	Supervisor's Name & Title	
Summary of duties:				
Reason for leaving:				

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Related Recreation Experience:

Please give any information, which may be helpful in determining your qualifications for the position.
 *(This is very important to distinguish you from other applicants)

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal regardless of when they are discovered. I understand that any employment offered is a seasonal position. I also understand that I may be terminated at anytime by the Town of Center Harbor.

Signature of Applicant: _____ Date: _____

Please return this application to: Center Harbor Parks & Recreation Department

P.O.Box 140
 Center Harbor, NH 03226

Town of Center Harbor and Center Harbor Parks & Recreation Department is an affirmative action/equal opportunity employer.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)

SOCIAL SECURITY NO. _____

PRESENT ADDRESS

CITY

STATE

ZIP CODE

PERMANENT ADDRESS

CITY

STATE

ZIP CODE

PHONE NO.

()

REFERRED BY _____

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU
EMPLOYED?

☐

YES

☐

NO

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

☐

YES

☐

NO

EVER APPLIED TO
THIS COMPANY BEFORE?

☐

YES

☐

NO

WHERE?

WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

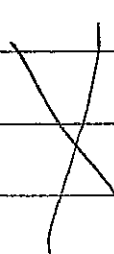
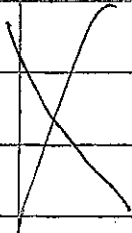
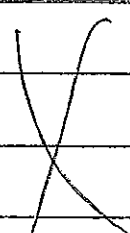
GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH
WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY OR
NAVAL SERVICE

RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS

EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

My signature below certifies I am the individual listed above and the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(AFFIX Seal) (comm., Exp.)

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies to whom the data has been disseminated in the last year of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

☐ LIVESCAN - \$39.75 (\$49.75 if printed at a state police livescan site) ☐ INKED - \$49.75 ☐ VOLUNTEERS - \$33.50 (Livescan or Ink)

NOTE: Make checks payable to: State of NH - Criminal Records ☐ NH Only- \$25.00

☐ Applicant fingerprint card must be submitted at the same time as payment and this form.