



HAMPTON SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT 90

6 Marston Way, Hampton, NH 03842
Phone 603.926.4560 • Fax 603.926.5070

FOR OFFICE USE ONLY

Employment Application

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

NOTE: If you will require any special accommodations in order to apply for this position, please notify the Human Resource Department prior to the deadline for submitting an application for this position.

| | | |
|---|---------------|-----------|
| PERSONAL INFORMATION: | | |
| First Name | Middle Name | Last Name |
| Street Address | | |
| City, State, Zip Code | | |
| Home Phone Number | Mobile Number | |
| Are you eligible to work in the United States? Yes ____ No ____ | | |
| If you are under age 18, do you have an employment/age certificates? Yes ____ No ____ | | |
| Have you been convicted of or pleaded no contest to a felony within the last five years? Yes ____ No ____ | | |
| If yes, please explain: | | |

| |
|---|
| POSITION/AVAILABILITY: |
| Position Applied For: |
| Days/Hours Available |
| Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____ |
| Hours Available: from _____ to _____ |
| What date are you available to start work? |



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|--------------------------------|
| Previous Position: |
| Employer: |
| Address: |
| Supervisor: |
| Phone: |
| Email: |
| Position Title: |
| From: To: |
| Responsibilities: |
| Salary: |
| Reason for Leaving: |

May We Contact Your Present Employer? Yes _____ No _____

| |
|--------------------------|
| References: |
| Name/Title Address Phone |
| |
| |
| |

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____