

**SCHOOL ADMINISTRATIVE UNIT SIXTEEN
30 Linden Street
Exeter, NH 03833**

Application for Employment

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					
Last Name	First	Middle	Date		
Street Address			Home Telephone		
City			State	Zip	
Have you ever applied for employment with us?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number
If yes: Month/Year			Location		- -
Position Desired			Are you of legal working age?		
Are you available for full-time work?			Will you work overtime if asked?		
Other special training or skills (languages, machines operation, etc.)					
EDUCATION					
School	Name/Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/ Trade/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEMBERSHIPS IN PROFESSIONAL OR CIVIC ORGANIZATIONS					

EMPLOYMENT	
1.)	
Company	Telephone () -
Address	Employed (State Month/Year) From To
Name of Supervisor	Weekly or Hourly Pay Start Last
State Job Title and Description of Work	Reason for Leaving
2.)	
Company	Telephone () -
Address	Employed (State Month/Year) From To
Name of Supervisor	Weekly or Hourly Pay Start Last
State Job Title and Description of Work	Reason for Leaving
3.)	
Company	Telephone () -
Address	Employed (State Month/Year) From To
Name of Supervisor	Weekly or Hourly Pay Start Last
State Job Title and Description of Work	Reason for Leaving
4.)	
Company	Telephone () -
Address	Employed (State Month/Year) From To
Name of Supervisor	Weekly or Hourly Pay Start Last
State Job Title and Description of Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT: Employer Number(s) _____ Reason _____ _____

