



**HAMPTON SCHOOL DISTRICT**  
SCHOOL ADMINISTRATIVE UNIT 90

7 Scott Road, 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.

<b>PERSONAL INFORMATION:</b>		
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:		

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



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<b>EDUCATION</b>					
School	Name/Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					

Skills and Qualifications: Licenses, Skills, Training, Awards

<b>EMPLOYMENT HISTORY:</b>
Present Or Last Position:
Employer:
Address:
Supervisor:
Phone:
Email:
Position Title:
From: To:
Responsibilities:
Salary:
Reason for Leaving:



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<b>Previous Position:</b>	
Employer:	
Address:	
Supervisor:	
Phone:	
Email:	
Position Title:	
From:	To:
Responsibilities:	
Salary:	
Reason for Leaving:	

**May We Contact Your Present Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

<b>References:</b>			
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 \_\_\_\_\_