

EDUCATION

Please circle 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 which should be considered with this application? Please explain below:

College, Business, Trade School, Other Education. **TRANSCRIPTS MUST BE SUBMITTED IF POSITION REQUIRES POSTSECONDARY EDUCATION**
(photocopies accepted for certification purposes)

Name of School	Major	Degree or Certificate Earned
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VETERANS PREFERENCE

You may be eligible for veteran's preference upon **INITIAL** entry into the classified State service for active military duty performed during certain eligibility dates.

Please check one of the following ("x") if you wish to claim veteran's preference:

ELIGIBILITY DATES FOR SERVICE CREDIT

War veteran (5 pts.) _____ Surviving spouse of war veteran (5 pts) _____

Date of entry into service:

Disabled war veteran with **10% or more service-connected disability** (10 pts.) _____

Month _____ Day _____ Year _____

Spouse of disabled war veteran with service-connected **TOTAL DISABILITY** (10 pts.) _____

Date of separation from service:

IMPORTANT: Proof of eligibility for veteran's preference must be submitted with application to receive
Veteran's Preference points

Month _____ Day _____ Year _____

EXPERIENCE — WORK HISTORY

In the sections below, please describe your experience/work history, with emphasis on experience pertinent to the position for which you are applying. Resumés submitted in lieu of a completed application will **not** be accepted. Be sure to list your **MOST RECENT EXPERIENCE FIRST**. You are encouraged to bring an up-to-date resumé to any interview for this position

Employer: _____ Address: _____ Phone: () _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____

Did you have the authority to hire/fire? _____ Reason you left this position: _____

Employer: _____ Address: _____ Phone: () _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____

Did you have the authority to hire/fire? _____ Reason you left this position: _____

Employer: _____ Address: _____ Phone: () _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____

Did you have the authority to hire/fire? _____ Reason you left this position: _____

Employer: _____ Address: _____ Phone: () _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____

Did you have the authority to hire/fire? _____ Reason you left this position: _____

Employer: _____ Address: _____ Phone: () _____

Your Job Title: _____ Supervisor (Name/Title) _____

Dates of Employment: Mo. _____ Year _____ to Mo. _____ Year _____ Hours worked per week _____ May we contact? _____

Duties: Please describe your position responsibilities: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____

Did you have the authority to hire/fire? _____ Reason you left this position: _____

This affirmation MUST BE COMPLETED

I certify that there are no willful misrepresentations of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations, my application may be rejected and, should I be employed, my services may be terminated.

SIGNATURE: _____ DATE: _____

(Each application must bear a **current date** and **original signature.**)

The State of New Hampshire is an Equal Opportunity Employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, or any other non-merit factor is prohibited. Special testing arrangements may be made upon request for persons with disabilities by contacting the Examinations Bureau of the Division of Personnel.

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

NEW HAMPSHIRE DIVISION OF PERSONNEL
STATE HOUSE ANNEX
SCHOOL STREET
CONCORD, NEW HAMPSHIRE 03301

RECRUITMENT/EMPLOYMENT SURVEY

Please complete the following to assist in our recruitment efforts.

I learned of this career opportunity through:

- _____ (B89) Private Employment Agency
- _____ (F89) New Hampshire Division of Personnel
- _____ (C89) Newspaper (please name) _____
- _____ (E88) Radio/TV ads
- _____ (D88) "Opportunities in N.H. State Government" bulletin
- _____ (D89) In-house posting for current State employees
- _____ (E89) Job Fair
- _____ (A89) Department of Employment Security
- _____ (G89) Other (please explain) _____

