Human Resources

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| **APPLICANT INFORMATION** | **FOR OFFICIAL USE ONLY** |
|  | Last |  | First |  | (Initial) |  | Cell Phone | Class Code: |  |  |
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| Name: |       |  |       |  |   |

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| Mailing address: |       |
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| City: |       | State:  |       | Zip: |       |

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|  | Home Phone | Class Title: |  |  |
|  |       |  | Reviewed by: |  |  |
|  | Work Phone | Agency: |  |  |
|  |       |  | Accepted / Rejected |  | Date: |  |  |
|  |  | Reason: |  |  |
|  Email Address: |       |  |  |  |  |
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|  | In-House Posting? Yes: |  | No: |  |  |
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|  | **STATE OF NEW HAMPSHIRE**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, sexual orientation, gender identity, gender expression or any other non-merit factor is strictly prohibited.**ONLINE APPLICATION FOR EMPLOYMENT**Be sure you have filled in the "Applicant Information" section at the top of this application. You are encouraged to provide a copy of your current resume, but RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION. |

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| Position for which you are applying: | Position Number (if known): |
|       |  |       |
|  |
| Agency where position is located: |       |  | Will you accept part-time employment? Yes **[ ]**  No **[ ]**  |
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| Will you accept employment anywhere in the State? Yes **[ ]**  No **[ ]**  | If you answered “NO”, please check up to 3 counties in which you will accept employment: |
|  |
| Merrimack [ ]  Belknap [ ]  Hillsborough [ ]  Rockingham [ ]  Cheshire [ ]  Coos [ ]  Strafford [ ]  Sullivan [ ]  Grafton [ ]  Carroll [ ]  |
|  |
| DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes [ ]  No [ ]  |
|  |
| Have you been employed by a NH State agency before? Yes [ ]  No [ ]  If yes, when? |       |  |  |
|  |
| For what State agency were you employed? |       |  | In what position? |       |
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| What was your reason for leaving? |       |
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| **EDUCATION** |
| Indicate the **HIGHEST** 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 that you want to be considered in reviewing this application? Please explain below: |
|       |
| If the position for which you are applying requires post secondary education credits,**YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.** |
| Name of School | Major | Degree or Certificate Earned |
|       |  |       |  |       |
|       |  |       |  |       |
|       |  |       |  |       |
| INFORMATION TECHNOLOGY TRAINING/EXPERIENCE |
| Please list below your training/experience in Information Technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software application or programming languages in which you are proficient: |
|       |
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| VETERAN’S PREFERENCE |
| You may be eligible for veteran's preference points upon INITIAL application/entry into the classified State service for military duty performed during qualifying periods of war/armed conflict. To request veteran's preference points, PROOF OF ELIGIBILITY FOR VETERAN'S PREFERENCE MUST BE SUBMITTED WITH THE APPLICATION. Please check one of the following if you wish to claim veteran's preference points: |
| [ ]  War Veteran (5 points)[ ]  Unmarried surviving spouse of a war veteran (5 points) | [ ]  Disabled war veteran with 10% or more service-connected disability (10 points)[ ]  Unmarried spouse of a war veteran whose death was service-connected (10 points) |
| [ ]  Spouse of disabled war veteran with service connected total disability (5 points) |
| LICENSE AND CERTIFICATION |
| Please list any licenses or special certification that you hold, specifying license/certificate number and date of expiration: |
| CDL #: |       | Class: |       | Expires: |       | LPN#: |       | Expires: |       |
|  |
| PE/EIT #: |       | Expires: |       | RN#: |       | Expires: |       |
|  |
| Other: |       | Expires: |       | Other: |       | Expires: |       |
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| CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATIONIf you have completed approved course work and have achieved special certification through training or examination (i.e., Certified Public Manager or Certified Public Supervisor) please complete the following: |
|       |  |       |  |       |  |
| (Title or Certificate Earned) |  | (Date Certificate Earned) |  | (Certifying State, Agency or Organization) |  |
| **In order to receive credit for CERTIFICATION, you must submit proof of course completion and the CERTIFICATE EARNED.** |
| EXPERIENCE – WORK HISTORY |
| In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying*. If more space is needed, please attach additional sheets. You are encouraged to submit a current resume with your application. PLEASE NOTE: RESUMES WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM. |
|  |
| **Employer:** |       | Address: |       | Phone: |       |
|  |
| Your Job Title: |       | Supervisor (Name/Title): |       |
|  |
| Dates of Employment: From: Mo. |      |  Year: |      |  | To:  |       | Hours worked per week: |       | May we contact? |       |
|  |
| Specific duties: Please describe the duties you performed in your position: |
|       |
|  |
| Did you supervise any employees? |     |  Did you assign their work?  |     | Did you reject unsatisfactory work? |     | Did you have the authority to hire or fire? |     |
|  |
| Reason you left this position: |       |
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|  |
| **Employer:** |       | Address: |       | Phone: |       |
|  |
| Your Job Title: |       | Supervisor (Name/Title): |       |
|  |
| Dates of Employment: From: Mo. |      | Year: |      |  To: Mo. |      |  Year: |      | Hours worked per week: |       | May we contact? |     |
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|  |
| Did you supervise any employees? |     |  Did you assign their work? |     | Did you reject unsatisfactory work? |     | Did you have the authority to hire or fire? |     |
|  |
| Reason you left this position: |       |
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|  |
| **Employer:** |       | Address: |       | Phone: |       |
|  |
| Your Job Title: |       | Supervisor (Name/Title): |       |
|  |
| Dates of Employment: From: Mo. |      | Year: |      |  To: Mo. |      |  Year: |      | Hours worked per week: |       | May we contact? |       |
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|  |
| Did you supervise any employees? |     |  Did you assign their work? |     | Did you reject unsatisfactory work? |     | Did you have the authority to hire or fire? |     |
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| Reason you left this position: |       |

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| **Employer:** |       | Address: |       | Phone: |       |
|  |
| Your Job Title: |       | Supervisor (Name/Title): |       |
|  |
| Dates of Employment: From: Mo. |      | Year: |      |  To: Mo. |      | Year: |      | Hours worked per week: |       | May we contact? |     |
|  |
| Specific duties: Please describe the duties you performed in your position: |
|       |
|  |
| Did you supervise any employees? |     |  Did you assign their work? |     | Did you reject unsatisfactory work? |     | Did you have the authority to hire or fire? |     |
|  |
| Reason you left this position: |       |
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| **[ ]**  | I have attached a copy of my current resume. |
| I understand that in order for my application to be considered, the following Affirmation must be checked.I certify the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statement and the answer to the question herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and discloser, my service may be immediately terminated. I understand that I may be required to sign a facsimile of this form before I may begin employment in this or any other position.[ ]  **By checking this box, you are certifying that you have read and agreed to the above statement****SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE |
| Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section. |
|  | RECRUITMENT/EMPLOYMENT SURVEY |
| Completed applications should be sent to the recruiting agency where the position vacancy exists.Contact information may be found on our website below:<https://das.nh.gov/hr/hr-contacts.aspx> Please use the corresponding Agency Contact information for the position you are applying for.For assistance please call 603-271-3261 | Please check one of the following to assist in our recruitment efforts.I learned of this career opportunity through:**[ ]** Private Employment Agency **[ ]** Radio/TV advertisements**[ ]** Opportunities in NH State **[ ]** In-house posting within my agency**[ ]** Job-Fair **[ ]** NH Division of Personnel**[ ]** NH Employment Security **[ ]** Other**[ ]** Newspaper - Name:       |