

EXPERIENCE - WORK HISTORY

In the sections 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 résumé with your application.

PLEASE NOTE: RÉSUMÉS WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer: _____ Address: _____ Phone: _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From: Mo. ___ Year ___ to Mo. ___ Year ___ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____

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's Name/Title: _____
Dates of Employment: From: Mo. ___ Year ___ to Mo. ___ Year ___ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____

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's Name/Title: _____
Dates of Employment: From: Mo. ___ Year ___ to Mo. ___ Year ___ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____

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's Name/Title: _____
 Dates of Employment: From: Mo. ___ Year ___ to Mo. ___ Year ___ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
 Specific duties: Please describe the duties you performed in your position: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____

_____ I have enclosed a copy of my current résumé.

I understand that in order for my application to be considered, the Affirmation below must be completed.

I certify that 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 statements and answers to questions 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 disclosure, my services 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

Applications are available in modified formats for persons with disabilities. Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examination Section.

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

DEPT OF ENVIRONMENTAL SERVICES
 29 HAZEN DRIVE PO BOX 95
 CONCORD NH 03302-0095
 PHONE: (603) 271-8875
 FAX: (603) 271-0900
 E-MAIL ADDRESS: HR@des.nh.gov

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 (name) _____
- _____ (E88) Radio/TV advertisements
- _____ (D88) "Opportunities in NH State Government" bulletin
- _____ (D89) In-house posting within my agency
- _____ (E89) Job Fair
- _____ (A89) N.H. Employment Security
- _____ (G89) Other (please explain)

Enter your Email address