



**Town of Wilton**  
 42 Main Street \* P.O. Box 83 \* Wilton, NH 03086  
 Phone: (603) 654-9451 \* Fax: (603) 654-6663  
 Submit to: [adminassist@wiltonnh.gov](mailto:adminassist@wiltonnh.gov)

## EMPLOYMENT APPLICATION

DATE:

LAST NAME:		FIRST NAME:		
MAILING ADDRESS:				
CITY:		STATE:		ZIP:
TELEPHONE:		SSN:		
POSITION APPLYING FOR:				
<u>EDUCATION</u>				
EDUCATION LEVEL:		DEGREE:		
	Name & Location of School	Number of years attended	Degree type	Subjects Studied
High School				
College				
Other				
<u>EXPERIENCE</u>				
Date of Employment	Employer Name & Address	Position	Final wage	Reason for leaving
From - To				
From - To				
From - To				
From - To				

MILITARY SERVICE

Branch of Service:	
Discharge Date:	Rank:
Reserve/National Guard membership? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Check one)	
Date obligation ends:	

1. Over age 18 years?  Yes  No
2. Able to provide, upon employment, genuine proof of identity and eligibility to be legally employed on an unrestricted basis in the United States?  Yes  No
3. Are you a licensed driver? (answer only if position requires)  Yes  No
4. Are you a previous employee of the town?  Yes  No

If YES, give dates of previous employment:

From \_\_\_\_\_ To \_\_\_\_\_

5. Have you ever been convicted of a felony?  Yes  No

If YES, give date, place, charge and disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you have relatives currently employed with the town?  Yes  No

If YES, state name and relationship: \_\_\_\_\_

**SPECIAL SKILLS/LICENSES**

Type: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

List any other skills you have that will be beneficial in the performance of the position for which you are applying:

**REFERENCES**

Name	Company name	Address (City/State)	Telephone	Years Known

CERTIFICATION/AUTHORIZATIONS

I certify that the information contained in this application and in any accompanying supplemental materials provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for rejection of this application or discharge after employment. I hereby authorize the Town of Wilton to obtain information concerning me from former employers and/or educational institutions and I release all concerned from any liability in connection therewith. I understand that refusal to grant this authorization will not necessarily void my application. If employed by the Town of Wilton, I understand that such employment is subject to (1) the policies and regulations of the Town; (2) submitting documentary proof of U.S. citizenship or alien status, as required; and (3) the employment at will disclosure (i.e., my employment and compensation can be terminated with or without notice, and with or without cause, at any time by either the Town or myself). I hereby authorize the Town of Wilton to photocopy (or obtain a photocopy of) my driver's license.

I fully understand that, should I be offered employment, the Town of Wilton may require a pre-employment screening which may include, but not be limited to, a physical exam, license check, criminal record check, and/or illegal drug screening. I understand that my refusal to submit to and cooperate fully in this screening process shall constitute good and sufficient cause for withdrawal of this application from further consideration. I understand that failure to pass any of the screening areas will result in my not being considered for employment with the Town of Wilton.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Resume and/or letters of reference also included.

**ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, PREGNANCY, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL, VETERAN OR ANY OTHER LEGALLY PROTECTED STATUS.**

**AMBULANCE ADDENDUM**

Date: \_\_\_\_\_

EMS Provider's Provider Name: \_\_\_\_\_

EMS Provider Date of Birth: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

I, the undersigned, have reviewed the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT Functional Job Analysis and feel that the above mentioned individual is capable of performing the physical tasks listed at the time of this letter. These physical traits include:

Aptitudes required of work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk stand, lift, carry and balance at times, 125 pounds. Motor coordination is necessary because over uneven terrain the patient's, the EMT/Paramedic's, and other workers' well-being must not be jeopardized.

If the individual is NOT capable of performing the tasks in the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT Functional Job Analysis, please document below.

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Physician Name: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Provider Name: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name