

APPLICANT INFORMATION	FOR OFFICIAL USE ONLY Certification Information	
<b>Name:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(LAST)</span> <span>(FIRST)</span> <span>(MIDDLE)</span> </div>	<b>Position Title:</b> <b>Reviewed By:</b> <b>Accepted/Rejected:</b> <b>Date:</b> <b>Reason:</b> <b>In-House Posting? Yes/No</b>	
<b>*Social Security No:</b> _____		
<b>Mailing Address:</b> _____  _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(CITY)</span> <span>(STATE)</span> <span>(ZIP)</span> </div>		<b>Home Phone:</b> (____) _____  <b>Work Phone:</b> (____) _____
<b>E-Mail Address:</b> _____		
<b>*Strict Confidentiality of Social Security Number will be maintained.</b>		

**PEASE DEVELOPMENT AUTHORITY**  
*The Pease Development Authority 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 or any other non-merit factor is strictly prohibited.*

**APPLICATION FOR EMPLOYMENT**

Please print neatly or type application.  
 Be sure you have filled in the identifying information at the top of this application.  
 Do not write in the space marked "For Official Use Only".

Position for which you are applying: \_\_\_\_\_

This position is (circle one):      full-time F      part-time T      temporary T      seasonal S

If the position requires a license or special certification, please complete the following:

\*Type of License or Certificate: \_\_\_\_\_ License/Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*If job applicant is applying for a position which requires a Commercial Driver=s License (CDL), please complete the **CDL insert**, after fully completing main application form.

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES?      Yes \_\_\_\_\_      No \_\_\_\_\_

Have you been employed by the State of New Hampshire before?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, when \_\_\_\_\_

For what State agency were you employed? \_\_\_\_\_      In what position? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_



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**EXPERIENCE - WORK HISTORY**

In the sections below, please describe your experience/work history (including pertinent volunteer experience), with emphasis on experience pertinent to the position for which you are applying. Resumes 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 resume to any interview for this position.

Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor (Name/Title): \_\_\_\_\_

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

Please describe your position responsibilities/duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were a supervisor, 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? \_\_\_\_\_

\_\_\_\_\_  
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Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor (Name/Title): \_\_\_\_\_

Dates of Employment: Mo. \_\_\_\_ Year \_\_\_\_ to Mo. \_\_\_\_ Year \_\_\_\_ Hours worked per week: \_\_\_\_

Please describe your position responsibilities/duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you were a supervisor, 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? \_\_\_\_\_

\_\_\_\_\_  
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Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor (Name/Title): \_\_\_\_\_

Dates of Employment: Mo. \_\_\_\_ Year \_\_\_\_ to Mo. \_\_\_\_ Year \_\_\_\_ Hours worked per week: \_\_\_\_

Please describe your position responsibilities/duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were a supervisor, 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? \_\_\_\_\_

\_\_\_\_\_

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Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor (Name/Title): \_\_\_\_\_

Dates of Employment: Mo. \_\_\_\_ Year \_\_\_\_ to Mo. \_\_\_\_ Year \_\_\_\_ Hours worked per week: \_\_\_\_

Please describe your position responsibilities/duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were a supervisor, 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? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_ I have attached a copy of my current resume.

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**REFERENCES**

Please provide the names, addresses and telephone number of three (3) references other than prior employers:

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

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**This Affirmation, Employment Application Authorization  
and Release MUST BE COMPLETED**

By signing this Application, I certify that the facts contained in this Application are true, complete and accurate to the best of my knowledge and belief. I acknowledge and understand that the Pease Development Authority (PDA) will be relying on the information contained in this Application and on my declaration that the information contained in the Application is true, complete and accurate.

At some point in the selection process, the information contained in this Application will be subject to verification. I understand and agree that, if employed, any false statements, material half-truths, material misstatements, misrepresentations or omissions on this Application, which are made without full disclosure of all relevant facts, shall be grounds for my immediate dismissal from employment with PDA. I also understand that any offer of employment that is extended to me by PDA is conditional upon verification of the information contained in this Application. If any of that information cannot be verified or appears to be false, inaccurate or incomplete, that factor may act as an automatic withdrawal of any such offer of employment.

In making this application for application for employment, I authorize PDA and its agents or representatives to fully investigate all statements contained in this Application. I recognize that this investigation, if made, may include information as to my credentials, abilities, character, general reputation and personal characteristics.

I also authorize all references listed on this Application and all previous employers to give PDA and its agents or representatives any pertinent information they may have relative to my prior employment. I hereby release all parties from any and all liability for damages I may claim to suffer as a result of the furnishing of such information to PDA or PDA=s representatives.

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 acknowledge that if an offer of employment is extended to me that I will be an employee at-will and that my employment and compensation will not be for a fixed or specified term.**

Finally, I acknowledge that I have read and understand the terms and conditions of this Employment Application Authorization and Release and that I have signed it voluntarily as my free act and deed.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

**Unless otherwise specified, applications should be returned to:**

**Pease Development Authority  
360 Corporate Drive  
Pease International Tradeport  
Portsmouth, NH 03801  
(603) 433-6088**