

# TOWN OF ALEXANDRIA APPLICATION FOR EMPLOYMENT

Note: The filing of this form does not constitute an offer of employment by the Town of Alexandria.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed?  Yes  No  
 If no, list the highest grade completed:

College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Languages Read, Written or Spoken Fluently Other Than English

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

**WORK EXPERIENCE** (Most Recent First) (Include voluntary work and military experience)

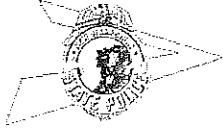
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES:** (Include name, address, phone # and years known)

Reference 1	
Reference 2	
Reference 3	

**Acknowledgement:** By signing below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with prior notice.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

## Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

### CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_  
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SEX \_\_\_\_\_ DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

PURPOSE OF RECORD: Housing Employment Annulment/Expungement  
Other \_\_\_\_\_

My signature below certifies I am the individual listed above and the information provided is true

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_ DATE \_\_\_\_\_

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/ENTITY TO RECEIVE RECORD \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(AFFIX Seal) (comm.. Exp.)

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction.(f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

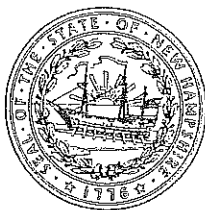
**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.  Prepaid Acc't Number \_\_\_\_\_

A \$25.00 fee is required for each request. Make checks payable to: State of NH – Criminal Records.

# RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



## NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Telephone: Driver Records/Accidents (603) 227-4040  
 Registration (603) 227-4030  
 Title (603) 227-4150  
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 09/12)

**I. Requested Information: Are you requesting:**

- A.  Your Motor Vehicle Record?
- B.  Another person's Motor Vehicle Record?  
The back of this form must be completed and notarized.
- C.  Another person's Motor Vehicle Record as an authorized agent of your employer or a company?  
A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.

**II. Requestor Information:**

Name of Requestor: \_\_\_\_\_  
 Employer/Company (If applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_ Tele.#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**III. Requested Records:**

- Driver Record (Certified copy): \$ 15.00
- Driver Record (Non-Certified copy): \$ 15.00
- Driver Record (Insurance copy): \$ 15.00
- Registration Listing (Current Information Only): \$ 5.00
- Registration (Certified copy): \$ 15.00
- Title (Certified copy): \$ 15.00
- Title Search (not a duplicate title): \$ 20.00
- License Applications and Letters of Verification: \$ 15.00
- Insurance Card (Accident use only): \$ 1.00
- Storage/Mechanics Lien (RSA 444:4-a): \$ 0.00
- Accident Report (Requestor will be notified of cost):  
 \$ 1.00 per page (\$5.00 minimum)
- Other: \_\_\_\_\_: \$ \_\_\_\_\_

Make checks payable to "State of NH - DMV"

**IV. Intended Use of Information:**

**IMPORTANT: To be completed only if you checked Box C above**

- For use in connection with any civil, criminal, administrative or arbitral proceeding.  
 Docket # \_\_\_\_\_ Court: \_\_\_\_\_ [RSA 260:14 V (a)(2)]
- By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].
- For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)]
- For use by any private investigative agency or security service licensed by this state for a purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V(a)(8)  
 \_\_\_\_\_ [RSA 260:14V(a)(6)].  
Indicate specific reason here
- By an employer or its agent or insurer to obtain or verify information relating to a holder of commercial driver's license [RSA 260:14 V (a)(7)].
- By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].
- For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].
- Vehicle or boat information only.
- For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the name person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, an underwriting. \_\_\_\_\_ [(RSA 260:14, V(a)(10))]  
 (Initial here)

**V. Search For (provide all applicable information):**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Registration/Plate #: \_\_\_\_\_  
 Driver License/I.D. #: \_\_\_\_\_  
 Vehicle Identification #: \_\_\_\_\_

Last Known Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Accident: \_\_\_\_\_  
 Location of Accident: \_\_\_\_\_  
Route/Street City/Town  
 Other Identification Information: \_\_\_\_\_

**\*\*\*Reverse Side Must Be Completed Before Processing\*\*\***

**VI. Signed Authorization:**

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

**Notary Public / Justice of the Peace Acknowledgement:**

I authorize my record to be released to a third person:

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_, County of: \_\_\_\_\_ ss Date: \_\_\_\_\_

The above named \_\_\_\_\_ personally appeared and made oath that the above declaration by him is true.

In witness whereof I hereunto set my hand and official seal:

\_\_\_\_\_  
Notary Public/Justice of the Peace

\_\_\_\_\_  
Commission Expiration

**Certification:**

I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.

\_\_\_\_\_  
*Signature of Requestor*

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

**VIII. PENALTY CLAUSE:**

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

**OFFICIAL USE ONLY**

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

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

Type of Identification:  Valid Photo Driver License  State-issued Photo ID  Valid Military Identification  
 Valid Passport  Birth Certificate  Other (specify) \_\_\_\_\_

ID Number \_\_\_\_\_

\_\_\_\_\_  
Employee Verifying Applicant Identification (Print Name)

\_\_\_\_\_  
Signature

-----DO NOT WRITE BELOW THIS LINE-----