



HUMAN RESOURCES DEPARTMENT VOLUNTEER APPLICATION
 ONE CITY HALL PLAZA CITY OF MANCHESTER NH
 MANCHESTER, NH 03101-4000 EQUAL OPPORTUNITY EMPLOYER
 Tel: (603) 624-6543 TTY/Voice Fax: (603) 628-6065
www.ManchesterNH.gov Applicant Please Complete ▶

NAME: _____
 ADDRESS: _____
 CITY/STATE: _____
 ZIP: _____
 DATE: _____
 PHONE: _____
 SS#: _____

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment to all persons without regard to race, color, religion, age, sex, national origin, disability, marital or veteran's status or any other legally protected status.

Volunteer Position Title:

_____ Full-time _____ Part-time _____ Temporary _____

Are you at least 18 years of age? Yes ___ No ___ Are you a US citizen? Yes ___ No ___

If not, do you have the legal right to work in the US? Yes ___ No ___

Have you ever worked for the City of Manchester? Yes ___ No ___ If yes, When? _____

What Department? _____ Supervisor _____

Are you currently employed? Yes ___ No ___ Why do you wish to volunteer? _____

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJOR	CIRCLE LAST COMPLETED YR	GRADUATE?	LIST DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> Y <input type="checkbox"/> N	
TRADE/TECHNICAL			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
COLLEGE			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
POST GRADUATE			5 6 7 8	<input type="checkbox"/> Y <input type="checkbox"/> N	

Provide additional information such as special skills, equipment operation, languages, supervisory experience, training or other qualifications helpful to us in considering you for this position.

List other volunteer experiences, if applicable.

Agency Name _____ From _____ To _____

Address _____ Hours per week _____

Duties _____

Agency Name _____ From _____ To _____

Address _____ Hours per week _____

Duties _____

Have you ever been convicted of any crime/s that were not annulled in a court? (List all except minor traffic violations such as parking tickets) Yes ___ No ___ If yes, state citations, dates, courts and places where offense/s occurred _____

Valid Motor Vehicle Operator's License? Yes ___ No ___ What State? _____

Do you possess a Commercial Driver's License? Yes ___ No ___ Which? _____ What State? _____

List other valid licenses, registrations or certificates you possess _____

WORK EXPERIENCE (start with most recent or current employer and work back at least ten years). Resumes may be attached, but not in lieu of completing this section. If more space is needed, complete and attach a separate page.

Current Employer _____ Tel. # _____ Part time ___ Full Time ___
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____

Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time ___ Full Time ___
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____

Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time ___ Full Time ___
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____

Reason for leaving _____

Have you ever been discharged or asked to resign from any job? Yes ___ No ___ Explain _____

Please provide three references (one personal and two professional). Please include name, address and phone number where they can be reached.

APPLICATION AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is accurate and true to the best of my knowledge. My signature indicates authorization for the City of Manchester to check references and verify the above information.

SIGNATURE _____ DATE _____