

DATE

Employment Applications
University of New Hampshire

UNH Human Resources
2 Leavitt Lane
Durham, New Hampshire 03824

NAME _____
 LAST FIRST MI

SOCIAL SECURITY # _____

MAILING ADDRESS _____

DAY TELEPHONE _____

EVENING TELEPHONE _____

Have you ever been employed by UNH or any other USNH campus? _____ Yes _____ No

If Yes, date(s) worked _____ Name (if different) _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Have you been convicted of a felony that has not been annulled by a court? _____ Yes _____ No
 (Such conviction does not necessarily bar you from employment)

MI

If Yes, Please explain in complete detail on a separate sheet and attach.

TYPE OF WORK DESIRED (1) _____ **(2)** _____

EDUCATION

Name and Address of School	Course of Study	Did You Graduate	# of Years Completed	Degrees or Credits Earned
High School / GED				
Business/Trade/Tech School				
College				
Other				

FIRST

List any achievements, licenses, certifications, software skills and/or other specialized skills or knowledge that you feel may relate to positions at the University

License/Certification/Software/Specialized Skill	Date	License/Certification/Software/Specialized Skill	Date

LAST NAME

The University is an Affirmative Action/Equal Opportunity Employer

EMPLOYMENT

List your last three employers of assignments, starting with the most recent, including military experience. Please complete even if you attach a resume.

Employer			Address			Telephone		
Job Title			Supervisor's Name			# Supervised by you		
Date Employed (mo/yr)		Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving		
Date Separated (mo/yr)			Duties					
Full-Time	Yrs	Mos						
Part Time	Yrs	Mos						

If part time, hours per week

Employer			Address			Telephone		
Job Title			Supervisor's Name			# Supervised by you		
Date Employed (mo/yr)		Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving		
Date Separated (mo/yr)			Duties					
Full-Time	Yrs	Mos						
Part Time	Yrs	Mos						

If part time, hours per week

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Date Separated (mo/yr)			Duties					
Full-Time	Yrs	Mos						
Part Time	Yrs	Mos						

If part time, hours per week

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me on this application and accompanying resume or interviews will be sufficient cause for cancellation of this application and/or termination from the University System of New Hampshire if I have been employed. Furthermore, I understand that assignment to work and/or continued employment in a position classified as "heavy duty" will follow a physical examination to determine my ability to perform the requirements of the position. I authorize the University System of New Hampshire to investigate all information provided and to secure additional information about me for Personnel decisions. I freely release from liability the University System of New Hampshire and its representatives for seeking such information and all other persons, schools, or organizations for furnishing such information.

I have read and understand the above.

Signature of Applicant

Date

PLEASE DO NOT WRITE BELOW THIS LINE

NAME: 5 MIN SPEED EXERCISE
GROSS WORD COUNT:
ERROR PENALTY:
SPEED RATING:

Technical Information

Excel:
Word:

Word Perfect:
Database:

University Transportation Services
**Supplemental Application for Employment for all Parking Services
Employees**

Name: _____ UNH ID #: _____

School Address: Dorm: _____ Room #: _____

School Mailing Address: _____
Street City State Zip

School Phone # : (_____) - _____ - _____ Home (Perm) Phone # : (_____) - _____ - _____

Cell Phone # : (_____) - _____ - _____ Email Address: _____

Permanent Address: _____
Street City State Zip

Driver License #: _____ State: _____

License Expiration Date: _____ Have you taken Defensive Driving: _____

Have you ever been involved in a motor vehicle accident or received any moving violations? _____

If yes, please explain: _____

Please list dates and types of violations on the back of this form.

I willfully give my Date of Birth and understand that this information will be held in confidence and will in no way affect my eligibility for hiring.

Date of Birth: _____ Date of UNH Graduation: _____

I certify that all information on this form is correct to the best of my knowledge.

Signature of Applicant

Date

UNH POLICY ON DRUG-FREE WORKPLACE

The University of New Hampshire as an employer strives to maintain a workplace free from illegal use of controlled substances.

Unlawful manufacture, distribution, dispensation, possession or use of a controlled substance by University employees on University premises or off our premises while conducting University business is prohibited. Violation of this policy will result in disciplinary action, up to and including termination and may have further legal consequences.

The University recognizes controlled substance dependency as an illness and a major health as well as potential safety or security problem. Employees are encouraged to seek assistance by contacting University Health Services, or by calling 1-800-424-1749 (Employee Assistance Program), as well as utilizing health insurance and appropriate leave of absence plans. Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel record.

Employees must, as a condition of employment, abide by the terms of this policy and report any conviction under a drug criminal statute. A report of a conviction must be made to the immediate supervisor within five (5) days after the conviction. If the employee is covered by a grant or contract, the University must notify the contracting agency within ten (10) days after receiving a notice of conviction. (These requirements are mandated by the Drug-Free Workplace Act of 1988. This policy is an extension of, and consistent with, USNH Policy Manual Section VII-A-17.1 and 17.2).

I certify that I have read and will abide by the above drug policy statement.

Name (print clearly): _____

Signature: _____

Date: _____

University of New Hampshire Transportation Services

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of employees. This data is **for analysis and affirmative action purposes only**. Submission of information is voluntary. If you do not wish to complete the questionnaire, please print your name and last four digits of your social security number and return the survey to Beverly Cray, Manager, Transportation Services.

Name (print clearly): _____
Last First Middle

Social Security Number: XXX – XX - _____

Please Designate Appropriate Answers:

Gender: _____ Female _____ Male **Date of Birth:** _____
Month Day Year

Ethnic Background (check one):

- Hispanic or Latino** – a person of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Non-Hispanic or Non-Latino**

Race (Check one):

- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American** – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Please see reverse side for Veteran Information

VETERAN STATUS

PLEASE CHECK ALL THAT APPLY

Veteran Era Veteran Vietnam Era Veteran means a person who:

1. Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred:
 - a. in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or
 - b. between August 5, 1964 and May 7, 1975, in all other cases: or
2. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed:
 - a. in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or
 - b. between August 5, 1964 and May 7, 1975, in all other cases.

War/Campaign/Expedition Veteran War/Campaign/Expedition Veteran means: A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Special Disabled Veteran Special Disabled Veteran means:

1. A veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability:
 - a. rated as 30 percent or more, or
 - b. rated at 10 to 20 percent, in the case of a veteran who has been determined under Section 3106 of Title 38, USC, to have a serious employment handicap; or
2. A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran Any veteran who served on active duty in the U. S. Military (ground, naval or air service) during the one year period beginning on the date of such veteran's discharge or release from duty.

University Of New Hampshire

Transportation Services

Information Disclosure and Consent Form

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the University of New Hampshire and its designated agents and representatives to conduct a comprehensive review of my background. The scope to the background review may include education, a criminal history review, sex and violent offender registry, social security trace and verification. A summary of your rights under the Fair Credit Reporting act is attached.

Name (print clearly): _____
First Middle Last

Email Address: _____

Date of Birth: _____

USNH ID (if you have one): _____

I have carefully read and understood this Disclosure and Consent form. By my signature below, I consent to the release of consumer reports as outlined above to the University Of New Hampshire and its designated representatives and agents. I certify the information I provided on this form is true and correct and I agree that this Disclosure and Consent form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the University Of New Hampshire.

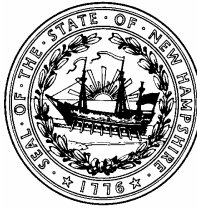
Signature: _____ Date: _____

Applicants will be sent an e-mail from *HireRight* asking you to provide them with information to complete the background check. Please watch for this e-mail and respond back to *HireRight* as quickly as possible.

A notarized copy of the Release of Motor Vehicle Records, NH Department of Safety must accompany this form.

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

23 Hazen Drive, Concord, NH 03305

Tele: Driver Records (603) 271-2322
 Registration (603) 271-2251
 Repro (603) 271-2128
 Title (603) 271-3111
 Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 07/09)

<p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p>II. Requestor Information:</p> <p>Name of Requestor: _____</p> <p>Employer/Company (if applicable): _____</p> <p>Address: _____ Tele.#: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$15.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$15.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$15.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$15.00</p> <p><input type="checkbox"/> Title Search: \$20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$15.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p>Make checks payable to "State of NH – DMV"</p>	<p>IV. Intended Use of Information: <u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> 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)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitati ons pursuant to RSA 260:14, V (a)(8) _____ [RSA 260:14 V (a)(6)]. <small>Indicate specific reason here</small></p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> 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 named 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, and underwriting. _____ [(RSA 260:14, V(a)(10))] <small>(Initial here)</small></p>
<p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>_____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____ <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

*****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.

<p>Notary Public / Justice of the Peace Acknowledgement:</p> <p>I authorize my record to be released to a third person:</p> <p>_____ Date: _____ (Signature)</p> <p>State of _____, County of: _____ ss Date: _____</p> <p>The above named _____ personally appeared and made oath that the above declaration by him is true.</p> <p>In witness whereof I hereunto set my hand and official seal:</p> <p>_____ Notary Public/Justice of the Peace Commission Expiration</p>	<p>Certification:</p> <p>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.</p> <p>_____ <i>Signature of Requestor</i></p> <p>Date: _____</p>
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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:	<input type="checkbox"/> Valid Photo Driver License	<input type="checkbox"/> State-issued Photo ID
	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Valid Military Identification	
	<input type="checkbox"/> Other (specify) _____	
ID Number _____		
_____ Employee Verifying Applicant Identification (Print Name)		_____ Signature

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