

TOWN OF NEW DURHAM EMPLOYEE HIRING POLICY

The Board of Selectmen (BOS) is the hiring authority for all Town positions except the following:

- Library Trustees for all positions under the Library Trustee's authority. (See RSA 202-A:11 V)
 - The Parks and Recreation Commissioners for all positions funded 100% from the Parks and Recreation Revolving Fund. (See RSA 35-B).
 - The Fire Chief for all Fire Fighters in the Fire Department. (See Minutes of the Town Meeting of 2008 Warrant Article # 28)
 - The Board of Selectmen must consult with the Chair of the Planning Board and Zoning Board of Adjustment regarding the hiring of Land Use staff.
1. The Department Head meets with the Board of Selectmen (BOS) to request permission to fill a position.
 - The Board of Selectmen, in consultation with the Department Head, shall set the salary range for the position.
 - With the approval of the Board of Selectmen the Town Clerk shall appoint the Deputy Town Clerk's position (See RSA 41:18) and the Deputy Tax Collector.(See RSA 41:38).
 2. The opening is posted in all departments for 5 business days then externally advertised. Applications shall be accepted for a maximum of 10 business days after the position is externally advertised.
 - The Department Head may request that the BOS accept applications for a longer period of time.
 - Possible locations of advertisements include but are not limited to newspapers such as "Foster's Daily Democrat", "The Baysider", and web sites such as the Town of New Durham web site and the Local Government Center web site.

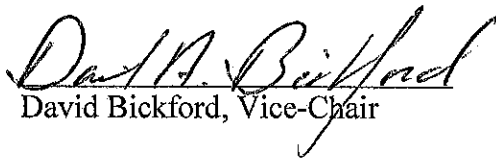
 - All qualified employees that apply for the position shall be interviewed.
 3. The applicant shall submit a completed application, with supporting documentation (ex. documentation of required education, resume, etc.) to the Office of the Board of Selectmen. (See Appendix A) The Board of Selectmen shall forward the applications and/or resumes to the appropriate Department Head for review.
 - Applicants for Police Officer will submit a resume in addition to the application.
 4. The Department Head or designee shall see that the following occurs:
 - Oral interviews by at least the Department Head, one member of the Board of Selectmen and the Town Administrator.
 - Additional interviewers may be added as determined by the Board of Selectmen and or Department Head.
 - All requirements specified by NH Police Standards and Training for Police Officers.
 - Criminal History check if the applicant is age 17 or older
 - New Hampshire Motor Vehicle records check and record check of any other state in which the applicant has been a resident in the past 5 year, if the applicant holds a New Hampshire or other State driver's license.

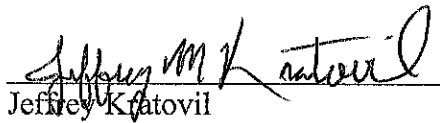
5. At least 3 days prior to the meeting at which the applicant is to be presented to the BOS (See # 6) the file of the applicant shall be placed in the Office of the Selectmen for their review.
6. Once the results of the criminal history and motor vehicle record checks have been received by the Town the Department Head shall present the applicant to the Board of Selectmen for all applicants that the Board has hiring authority for.
7. All applicants will have a 2 week vetting process in accordance with the Town of New Durham Board of Selectmen Appointment Policy effective September 17, 2007 unless the Board of Selectmen, at a public meeting, waives the vetting policy.
8. Upon receiving the positive recommendation of the Board of Selectmen, the Town Administrator shall send the applicant a written "Conditional Offer of Probationary Employment" letter. (See example - Appendix B)
9. The applicant must successfully complete:
 - Reference checks for the selected applicant (See Appendix C.)
 - Results shall be included in "new hire" documentation.
 - Background check for all applicants for Police Officer.
 - A physical examination for all applicants at the Town's expense. Potential employees of the Fire, Highway, Police Department and the Transfer Station shall also be offered the option of the Hepatitis B vaccination at the Town's expense.
 - An in house financial background check for any individual that will be handling money and all police officers.
 - A personal history packet for applicants for Police Officer
10. The Town Administrator signs the Offer of Probationary Employment letter and sends it to the applicant. ~~(See example - Appendix D) Also included is the Second Injury Fund Employee Information for the applicant to complete and to return along with signed Offer of Probationary Employment.~~ (See Appendix E)
11. At a minimum the new Employee completes the:
 - Emergency Contact Form (Appendix F)
 - W4 - Federal Withholding
 - I 9 - Employee Eligibility Verification
 - Documentation of acceptance/rejection of Hepatitis B vaccination series if they are to be employed by the Fire Department, Highway Department, Police Department or Solid Waste/Transfer Station. (See Appendix G if not provided by current Medical Center).
12. The new Employee submits a copy of the following to the Finance Officer:
 - New Hampshire Youth Employment Certificate if under the age of 16.
 - State of New Hampshire Proof of Permission For the Employment of a Youth Aged 16 or 17
13. The Department Head completes the "Personnel Action Form" (PAF) with a starting date of employment and starting wage. The PAF must be signed by the Department Head and Employee before submission to the BOS. The starting date must be after the Department Head, new employee and Selectmen representative have signed the PAF. (See Appendix H)

14. The PAF and all required documentation must be received by the Financial Officer PRIOR to the first day of employment for all employees.

This policy is in effect as of August 24th, 2011.


Theresa Jarvis, Chair


David Bickford, Vice-Chair


Jeffrey Kratovil

**TOWN OF NEW DURHAM
EMPLOYEE HIRING POLICY**

**APPENDIX A
Application**

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: _____:_____:_____
AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____. What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

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EMPLOYEE HIRING POLICY**

Appendix B

Sample Conditional Letter of Employment On Letterhead

Date

Name
Address
NH 03855

RE: Conditional Offer of Employment
Job Title. New Durham Department Name

Dear:

On behalf of the Town of New Durham, *Department Name* I extend to you a conditional offer of employment for the position of *Job Title/Department*. This offer is subject to you successful completion of the following:

- Reference Checks
- *Physical Examination*
- *Financial background check*
- *Physical Agility test*
- *Polygraph examination*
- *Psychological-test etc.*

Assuming the results on the above are successful we hope that you will accept the position of *Job Title*" at the rate of \$ *xx.xx* per hour. You will be under the direct supervision of the *Name of Department Head* and under the general direction of the *Supervisor's name (if applicable)*.

Your position will fall under the provisions of the New Durham Personnel Manual and the Policies and Procedures of the *Department name*. Once you begin work you will be provided with copies of all relevant materials.

As soon as the results of the above are completed *Name of Person* will contact you. If you have any questions feel free to contact *Name of Person* at 859-XXXX or myself at 859-2091.

Sincerely

Town Administrator

Cc: *Name and Title of Department Head*

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**Appendix C
TELEPHONE REFERENCE CHECK FORM**

Name of Applicant: _____

Position Applied for: _____

Person Contacted: _____ Tel. No. _____

Title: _____ Organization: _____

Address: _____ State: _____

Please verify the following information:

1. In what capacity did you know this person: _____
2. Dates of Employment (if applicable): from _____ to _____
3. What were his/her duties? _____
4. What position(s) is s/he competent to fill? _____
5. Did s/he have any supervisory responsibilities? _____
6. On a scale of 1-5, 5 being highest, how would you evaluate his/her work? _____
7. What were his/her strong points? _____
8. What weaknesses, if any? _____
9. Would you rehire? _____

Questions specific to the position: How would you rate, 1-5 with "1" as low, his/her ability to perform the following (please define a 1 and a 5):

1. _____
2. _____
3. _____
4. _____

Name of interviewer: _____ Title: _____

Date of interview: _____

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**Appendix D
Offer of Probationary Employment**

SAMPLE OFFER LETTER – On Town Letterhead

[Date]

[Name]

[Address]

Dear _____ :

We are pleased to offer you a position with the Town of New Durham as a _____.
As we have discussed, your starting date will be _____ and you will report directly to _____.

The following are additional terms of our offer:

- You will be paid at the rate of \$ _____ per hour. As a non-exempt position, you will be entitled to overtime at the rate of 1 ½ times your regular rate for all hours worked in excess of 40 in a work week.

OR

- You will be paid at the rate of \$ _____ per hour for a maximum of XX hours per week.
- This position includes *List special condition ex rotating shifts, evening, weekends, on call*
- You will be paid bi-weekly on Thursdays. Paychecks are available from your Department Head in the Human Resource Office after 9:00 a.m. on Thursdays.
- You and any eligible dependents will be eligible to participate in our group medical plan on the first of the month following 30 days employment and our group dental coverage on the first of the month following 60 days of employment, provided an enrollment application is completed and returned within 29 days of your start date.

OR

- You are not eligible to participate in our group medical and dental coverage.
- All Town of New Durham benefits that you are eligible for will be explained in detail to you by the Town's Benefit's Officer.
- Your regular work schedule will be 9:00 a.m. to 5:00 p.m. Monday through Friday. Your schedule may vary, however, depending upon the needs of the Town of New Durham.

- In accordance with the New Durham Personnel Manual you will be on probation for at least 12 months. The probation can be extended for a maximum of 90 days by your Department Head and or the Board of Selectmen.

Your employment is contingent upon completing the Form I-9 (Employment Eligibility Verification) and providing the required documentation establishing your legal right to work in the United States.

You will be considered to be an employee at-will. You therefore can resign from your employment at any time, for any reason. Likewise, the Town of New Durham can terminate the employment relationship at any time, for any reason. This letter is not intended to change that at-will relationship or create a contract of employment or for benefits.

This offer becomes effective on *Day and date that job was offered* and expires at the close of business on *Day and Date 5 days later*, at which time it will be withdrawn.

We hope that you will accept this offer of employment by signing and returning the enclosed copy of this letter in the envelope provided. Please also complete the enclosed Second Injury Fund Employee Information Form and return it with your signed acceptance of employment.

We look forward to having you join us. Please feel free to contact me with any questions regarding this offer.

Congratulations!

Sincerely,

[name] [title]

My signature below indicates acceptance of the offer of employment as outlined in this letter.

[Date] _____

[Name] _____

Enclosure

**TOWN OF NEW DURHAM
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**Appendix E
SECOND INJURY FUND**

EMPLOYEE INFORMATION FORM

[To be sent with on Town Letterhead with Offer Letter.]

Employee:

Date:

Position:

Date of Hire:

We require the following in order to satisfy our obligations under the New Hampshire Workers' Compensation Law, RSA 281-A. In order to apply for reimbursement from the Second Injury Fund in the event that you may suffer a work-related injury while employed with us, we must have written documentation of any physical or mental impairment that you may have suffered. This documentation and any related information that you provide in connection with this inquiry will be maintained confidentially and separately from your employee personnel file.

This document and any related information that you provide in connection with this inquiry will only be used as permitted under the Americans with Disabilities Act and New Hampshire Workers' Compensation Law.

Please identify any prior or current physical or mental impairments, whether work related or not, including, but not limited to, high blood pressure, diabetes, respiratory or cardiovascular concerns, prior back injuries, and any surgical procedures. Attach additional pages, if necessary.

Nature of Injury Or Impairment	Date of Origin	Name & Address Of Treating Provider	Workers' Compensation? (Yes or No)	If Yes, Name & Address of Employer

Please check here if you have no history of significant Injuries or Illnesses.

I certify that all of the information that I provide on this Second Injury Information Form is complete, true, and accurate. I understand that if any such information is later found to be incomplete, false, or misleading in any respect, I may be discharged from employment.

Signature:

Date:

Witness:

**TOWN OF NEW DURHAM
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**Appendix F
Emergency Notification Information**

Employee Name: _____

Address: _____

Telephone & Cell _____

Name of Individual to be notified: _____

Tel or Cell # of Individual _____

Name(s) of Children, if any _____

Family / Employee Physician _____

Address: _____

Tel: _____

Please list, in preferred order, the names including addresses & telephone and relationship of a relative and / or friend that could also be notified in case of emergency

1. _____

2. _____

3. _____

4. _____

Employee Signature _____

Date: _____

At the time of your evaluation a copy of this will be provided again for any updates that you may wish to provide.

**TOWN OF NEW DURHAM
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Appendix G

Refusal of Hepatitis Vaccination

Appendix A to Section 1910.1030--Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name

Date

Department

Job Title

TOWN OF NEW DURHAM EMPLOYEE HIRING POLICY

Appendix H PERSONNEL ACTION FORM (PAF)

EMPLOYEE NAME: A. _____
 POSITION: B. _____
 DEPARTMENT: C. _____

THE REASON FOR THE CHANGE(S):

Complete all applicable sections:

- New Hire
- Probationary Period Complete
- Merit Increase
- Promotion
- Demotion
- Transfer
- Leave of Absence: _____
- Retirement
- Resignation
- Other (Explain): _____

THE CHANGE(S):

Mark All Applicable
Boxes:

- RATE
- GRADE--STEP
- POSITION
- OTHER:

Current: (not applicable for new hires)	New:	Office Use Only
\$	\$	
D.		

Check all that apply PART-TIME FULL-TIME SEASONAL/TEMPORARY

THE ABOVE SHALL BE EFFECTIVE: _____

RECOMMENDED BY: _____ DATE: _____

BOS AUTHORIZATION: _____ DATE: _____

EMPLOYEE SIGNATURE: _____

DATE: _____