

# Application for Employment



Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, sexual orientation, marital status, or military status.

**PERSONAL INFORMATION:**

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

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Military Service Status \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

☐ Yes ☐ No

If yes, please describe conditions. \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position applied for:	Date you can start:	
Have you applied here before?	If so, where & when?	If you have worked here before, please list when and what position held.
Are you currently employed?	If so, may we contact your present employer?	Do you seek full or part-time employment?
Do you have any special skills, experience or qualifications related to position applied for?	Do you have a relative employed here? Please list names.	Do you have any physical limitations which would hinder your performance in the position applied for?

**EDUCATION:**

School Name and Location

Year

Major

Degree

High School \_\_\_\_\_

College \_\_\_\_\_

Other Training \_\_\_\_\_

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

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**EMPLOYMENT HISTORY:** (Start with most recent employer)

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Wage \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Wage \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Wage \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Wage \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? ☐ Yes ☐ No

**REFERENCES:**

List three personal references, not related to you, who have known you for more than one year.

Name & Address _____
Phone _____ Years Known _____
Name & Address _____
Phone _____ Years Known _____
Name & Address _____
Phone _____ Years Known _____

**EMERGENCY CONTACT:** In case of emergency, please notify:

Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please Read Before Signing:** I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize the investigation of all statements in this application. I understand that misrepresentations or omission of facts may be cause for dismissal. In the event of any employment with the town, I will comply with all rules and regulations as set by the town in any communication distributed to the employees.

I hereby acknowledge that I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_