

Application for Employment

We are an Equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

PERSONAL INFORMATION

Date _____ SS Number _____

Name _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Phone Number _____ Referred By _____

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are you Employed now? _____ If so may we inquire of your Present Employer? _____

Ever applied to the Town Before? _____ Dept _____ When _____

EDUCATION	Name and Location of School	Last Year Completed	Did You Graduate	Subjects Studied Degree(s) Received
Grammar School	_____		<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
High School	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____		<input type="checkbox"/> No	

Subjects of Special Study, Research Work, or any Licenses (ex. CDL) _____

Activities Other Than Religious (Civic, Athletic, Etc.) _____

Exclude Organization in which the Name/Character indicates the Race/Age/Sex/Color/National Origin of its Members.

FORMER EMPLOYERS: List Below your Last Four Employers, Starting with the most recent one first

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give Below the names of three persons NOT RELATED TO YOU, whom you have known AT LEAST one year

Name	Address	Phone Number	Business	Years Acquainted
1				
2				
3				

PHYSICAL RECORD Do you have any physical condition which may limit your ability to perform the job applied for?
If so, describe below. (This question is voluntary, and answers are confidential)

In Case of
Emergency Notify

Name Address Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that 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 without any previous notice.

Date Signature

DO NOT WRITE BELOW THIS LINE

INTERVIEW DATE: _____

NOTES: _____
