

AN
EQUAL
OPPORTUNITY
EMPLOYER

TOWN OF RICHLANDS APPLICATION FOR EMPLOYMENT

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All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin or handicap. The use of this form does not mean there are positions open and does not obligate us in any way.

PRINT GENERAL INFORMATION

Date: _____

Name _____ Telephone _____
Last First Middle

Present Address _____ How long have you lived there? _____
No. Street City State/Zip

Position Applied For: _____

Previous Addresses within last 12 years: _____

Are you presently employed? _____ If so, why do you want to change jobs? _____

Have you ever applied for a job with this company before? _____ If so, when and where? _____

Have you ever worked for this company before? _____ If so, when and where? _____

Are you over the age of 21? ___ Yes ___ No If no, employment is subject to verification that you are of minimum legal age.

If you are not a US citizen, have you the legal right to remain permanently in the US? Do you intend to remain permanently in the US?
___ Yes ___ No If hired, applicant may be required to submit proof of citizenship.

Name and phone number of person to be notified in case of an emergency: _____

Have you ever been convicted of a crime for other than minor traffic violations? ___ Yes ___ No IF yes, explain: _____

Have you ever served a jail sentence? ___ Yes ___ No If yes, how long? _____

Do you have any kind of physical condition which may limit your ability to perform the job applied for? ___ Yes ___ No

If yes, explain: _____

How much time have you lost from work during the past year?

Do you have a valid driver or operator's license? ___ Yes ___ No If yes, what is the expiration date?

License Number _____ Date of issue _____

When are you available to start work? _____

To be answered if care ownership is a requirement of the job applied for: Do you own a car? ___ Yes ___ No

Can you think of anything else which would assist us in determining your qualifications for employment? _____

REFERENCES (Do not list Relatives or Former Employers)

Name _____ Address _____ Occupation _____

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Name _____ Address _____ Occupation _____

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Circle Last Year Completed	Graduate? Give Degrees
Elementary				
High School				
College				
Other				

EMPLOYMENT RECORD (Start with most recent or present employer)

1. Name and Address of Employer (most recent)

Immediate Supervisor (Name and Position)	Date Hired	Salary or Hourly Rate
Job Title and Description of Duties	Date Left	Salary or Hourly Rate
Reason for Leaving		

2. Name and Address of Employer

Immediate Supervisor (Name and Position)	Date Hired	Salary or Hourly Rate
Job Title and Description of Duties	Date Left	Salary or Hourly Rate
Reason for Leaving		

3. Name and Address of Employer

Immediate Supervisor (Name and Position)	Date Hired	Salary or Hourly Rate
Job Title and Description of Duties	Date Left	Salary or Hourly Rate
Reason for Leaving		

Have you ever been discharged from a job Explain _____

SERVICE IN THE U.S. ARMED FORCES

Have you served in the U.S. Armed Forces? Yes No If yes, date active duty started _____, 20____

Which service? _____ What branch of that service? _____

Starting Rank? _____ Final Rank? _____

Date of Discharge? _____ Present Selective Service Classification _____ Reserve Status _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not to be absent for any reason without prior notice to my supervisor.

I agree to be employed on a _____ calendar days' probationary period and that I may be dismissed at any time during this period at the discretion of the employer. I agree to submit to a physical examination whenever requested and, if employed, I agree to abide by all present and subsequently issued personal policies and rules.

Signature

Date

OFFICE USE ONLY

POSSIBLE WORK LOCATIONS	POSSIBLE POSITIONS	WORK LOCATION:
		POSITION:
		DATE TO BEGIN: RATE: