



OFFICE OF ADMINISTRATIVE SERVICES
 Diane Kipfer, Department Manager

APPLICATION FOR EMPLOYMENT

Date _____ Position _____

Name _____

Address (mailing) _____ City, State, Zip _____

Address (home) _____ City, State, Zip _____

Telephone (home) _____ (work) _____ (cell) _____

Email Address: _____

Specify date available to begin employment _____

EMPLOYMENT HISTORY (start with most recent)

Employer	Address	Telephone
Job Title and Major Duties		Supervisor
Date _____ to _____ Salary _____	Reason for separation	May we contact this employer?

Employer	Address	Telephone
Job Title and Major Duties		Supervisor
Date _____ to _____ Salary _____	Reason for separation	May we contact this employer?

Employer	Address	Telephone
Job Title and Major Duties		Supervisor
Date _____ to _____ Salary _____	Reason for separation	May we contact this employer?

If you have additional employment experience related to this position, list on separate sheet.

EDUCATION

	Name/Location	Course of Study	No. Years Completed	Did you Graduate?	Degree
High School					
College					
Graduate or Professional					
Trade/Other					

List certifications, training, skills, and abilities applicable to this position:

If previously employed by the Town, or an applicant for a previous position, specify position(s) and approximate date(s): _____

Indicate any relatives currently working for the Town _____

If you are a veteran, list branch and dates of service _____

IF THIS POSITION WILL REQUIRE DRIVING A VEHICLE, complete the following:

Social Security No. _____

Driver's License Type _____ **State** _____ **Lic. No.** _____ **Exp. date** _____

If the answer is yes to any of the following questions, specify the date and circumstances below:

- Have you ever been denied a license to operate a motor vehicle? Yes ___ No ___
- Has your license ever been suspended or revoked? Yes ___ No ___
- Have you been convicted of a DUI or DWAI within the last 10 years? Yes ___ No ___
- Have you had more than two moving violations within the last 5 years? Yes ___ No ___
- Have you ever had an accident while driving an employer's vehicle? Yes ___ No ___
- Have you ever been convicted of leaving the scene of an accident? Yes ___ No ___

PERSONAL REFERENCES (do not include employers or relatives)

Name	Years Acquainted	Occupation	Telephone (day)

Proof of citizenship or eligibility to work will be required upon hire. Job offers for certain safety-related positions -- heavy equipment operator, bus driver, commissioned law enforcement officer -- are conditional on drug testing.

I certify that all statements contained herein are true and complete. I authorize investigation of all statements made in this employment application and the obtainment of all other information deemed necessary in this matter, and release all persons and entities from any and all liability in responding to such inquiries. A photocopy of this release may be used for these purposes. I understand that misrepresentation or omission may be cause for non employment or termination after hire.

Signature _____ Date _____