



# APPLICATION FOR EMPLOYMENT

(Revised February 3, 2015)

**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.



Position Applying For \_\_\_\_\_ Application Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(City) (State) (Zip)

Contact Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Type of Employment Desired? Full Time  Part Time  Temporary  Seasonal

Date Available for Work \_\_\_\_\_



You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Yes  No

Social security No. \_\_\_\_\_ Birth place \_\_\_\_\_

Birth date \_\_\_\_\_ (Optional until employed or background check is required)

Do you have a valid driver's license? Yes  No

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

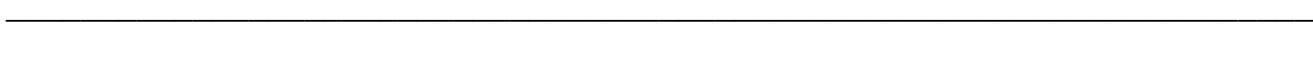
Are you able to meet the requirements of the position? Yes  No

If hired, will you be able to work overtime? Yes  No

Are you related to anyone who works for the town? Yes  No

Have you been convicted of a felony in the last seven (7) years? Yes  No

If yes, please explain \_\_\_\_\_



A CONVICTION WILL NOT NECESSARILY BE BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN REALTION TO THE APPLIED POSITION THAT YOU ARE APPLYING.

School Name	Complete Address	Course of Study	Last year Completed	Did you Graduate	Degree, Diploma Certificate, license
Elementary				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocation/Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

## EMPLOYMENT HISTORY

List below present and past employment, beginning with the most recent. (7 to 10 years)

Name of Employer \_\_\_\_\_ Date of Employment from \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Voluntary \_\_\_ Name of supervisor \_\_\_\_\_  
 Titles of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
 Can we contact? Yes \_\_\_ No \_\_\_ Not Employed From  \_\_\_\_\_ To \_\_\_\_\_

Name of Employer \_\_\_\_\_ Date of Employment from \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Voluntary \_\_\_ Name of supervisor \_\_\_\_\_  
 Titles of Duties \_\_\_\_\_

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 Titles of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
 Can we contact? Yes \_\_\_ No \_\_\_ Not Employed From  \_\_\_\_\_ To \_\_\_\_\_

Name of Employer \_\_\_\_\_ Date of Employment from \_\_\_\_\_ To \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Voluntary \_\_\_ Name of supervisor \_\_\_\_\_  
 Titles of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
 Can we contact? Yes \_\_\_ No \_\_\_ Not Employed From  \_\_\_\_\_ To \_\_\_\_\_

Which did you like best? \_\_\_\_\_  
 What did you like most about the job? \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank of time of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Other special knowledge or skills:** Do you type? Yes  No  Word per min \_\_\_\_\_

## Personal References (Not former employers or Relatives)

Name and Occupation:	Address	Phone Number
1 _____ / _____	_____ / _____	_____ / _____
2 _____ / _____	_____ / _____	_____ / _____
3 _____ / _____	_____ / _____	_____ / _____

## Other Information

**Volunteer Activities (Organizations, type of service, dates)** \_\_\_\_\_

## Hobbies, Interest

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

## Certification and Authorization

- That the above information is true and correct and that any misleading or false information may result in my disqualification or release from employment.
- I authorize the Town of Diamondville to inquire in to my education, past employment, references as needed to research my qualifications of the position, and that this is a at will employer.
- I understand that if I am extended an offer of employment it may be conditioned upon successfully passing a complete pre-employment examination not limited but may include a physical fitness test.
- If employed I will be required to provide original documents which verify my identity to and right to work in the United States under the Immigration Reform Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9

I have read, understand, and by my signature consent to these statements.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach any additional sheets or resume with other information for consideration  
PG 3.