

TOWN OF WELDON

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____ Date of Application _____

How Did You Learn About Us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone Numbers _____ Social Security Number _____

Best time to contact you at home is: _____ a.m/p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... yes no

Have you ever filed an application with us before?..... yes no

If Yes, give date _____

Have you ever been employed with us before?..... yes no

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... yes no

Are you currently employed?..... yes no

May we contact your present employer?..... yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... yes no

(Proof of citizenship or immigration status will be required upon employment)

Date available for work ____/____/____ What is your desired salary range? _____

Are you available for work: Full-time (please indicate 1 2 3 shift)

Part-time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ____/____/____-____/____/____)

Are you currently on "layoff" status and subject to recall?..... yes no

Can you travel if a job requires it?..... yes no

EDUCATION

	Name and Address of School	Course of Study	No. of years completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

	DATES OF EMPLOYMENT	SALARY	WORK PERFORMED
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
	DATES OF EMPLOYMENT	SALARY	WORK PERFORMED
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
	DATES OF EMPLOYMENT	SALARY	WORK PERFORMED
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
	DATES OF EMPLOYMENT	SALARY	WORK PERFORMED
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			

SUPERVISOR			
REASON FOR LEAVING			

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

- | | | | |
|-------------------------------------|--|----------------------------------|-------|
| <input type="checkbox"/> Terminal | <input type="checkbox"/> Spreadsheet | Production/Mobile Machinery List | Other |
| <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Word Processing | _____ | _____ |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Shorthand | _____ | _____ |
| _____ WPM | | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

REFERENCES

NAME	PHONE NUMBER	ADDRESS
NAME	PHONE NUMBER	ADDRESS
NAME	PHONE NUMBER	ADDRESS

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

