

# Employment Application Town of Warren

Position Applied For	Date of Application
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Last Name	First	Middle
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Address	City	State	Zip
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Telephone Numbers	Social Security Number
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Yes                      No

If you are under 18 years of age, can you furnish a work permit?

Are you legally eligible for employment in this country?  
(Proof of status required.)

Have you been employed with the Town of Warren before?  
If yes, give date \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Have you been convicted of a felony in the past seven years that has not been expunged by a court?  
(Does not automatically bar you from employment)

<u>EDUCATION:</u>	<u>Name/Address of School</u>	<u>Years Completed</u>	<u>Diploma/Degree</u>
Elementary			
High School			
Undergraduate			
Graduate Professional			
Other (Specify)			

List your employers, assignments, volunteer activities, and military experience, starting with your present or last job. If you have been employed under a different name, please indicate. You should exclude organizations which may reveal race, color, religion, gender, national origin, ancestry, disabilities, or other protected status.

Employer	Dates Employed	Work Performed
Address	Telephone Numbers	
Hourly Rate/Salary	Job Title	
Reason for Leaving	Supervisor	

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 Can we contact your current employer? Yes \_\_\_ No \_\_\_

Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ADDITIONAL INFORMATION

Other Qualifications

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

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References

1.

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Name

Phone

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Address

2.

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Name

Phone

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Address

3.

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Name

Phone

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Address

OTHER ACTIVITIES:

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

I understand that the Town follows an “employment at will” policy, in that I or the Town may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Town Council. I understand that this application is not a contract of employment.

I understand that this application will be active for a period of sixty (60) days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the Town may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and companies named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

Office Use  
Date Received \_\_\_\_\_