

Employment Application

Town of Warren

Position Applied For

Date of Application

Last Name

First

Middle

Address

City

State

Zip

Telephone Numbers

Social Security Number

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)

EDUCATION:

Name/Address of School

Years Completed

Diploma/Degree

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.

References

1.

Name

Phone

Address

2.

Name

Phone

Address

3.

Name

Phone

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 _____