

Application for Employment – Town of Three Lakes

Date:

Type or print in *blue or black ink*. Answer all questions which are applicable. Please do not state "See Resume"

Personal Information			
Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Day Phone (if different)	Social Security Number	
Best time to contact you is:		How did you learn about us?	

Employment Information	
Position for which you are applying _____	
Are you employed at the present time? _____ If yes, please complete the information below	
Employer's Name: _____	
Employer's Address: _____ _____	
1. How long have you been with this employer? _____	Present Salary: _____
2. If offered a position, when can you report for work? _____ _____	
3. If hired can you show proof of your legal right to work in the U.S.?	Yes _____ No _____
4. Have you ever been dismissed, or asked to resign from any position?	Yes _____ No _____
5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment.	
If yes to number 4 or 5, please explain _____ _____	

Education	
Please list on the following lines all schools attended and any other pertinent information	
School(s)	Subjects studied (if applicable)
High School	
College (Including dates attended)	

Employment Experience (List most recent experience first)

Include any job-related Military Service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer (Name, Address, Phone)	Position(s) Held	Dates (Start-End)

Supervisor:	Reason for Leaving:
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Supervisor:	Reason for Leaving:
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Comments: Include explanation of any gaps in employment. _____

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

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, 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.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB OR HAVE SIGNED A JOB DESCRIPTION.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

YES

NO

References

Name & Address (Include City, State, Zip)	Phone	Relationship

The following section is to be completed by applicant for an OFFICE POSITION

Can you type? _____ How many words per minute? _____

Computer Skills: Word _____ Excel _____ Publisher _____

Please provide computer and software knowledge below:

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded that may be necessary in arriving at an employment decision. I release from liability all persons and organizations reporting information required by this application. This application for employment shall be considered active for a period of time not to exceed 45 days.

Any applicant 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