

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative at the Town of Wartrace.

Position applied for _____

Name _____

Last First Middle

Address _____

Telephone # _____ Mobile/Beeper/ other Phone # _____ Social Sec # _____

If necessary, best time to call you at home is _____ A.M or P.M.

May we contact you? ☐ Yes ☐ No

If yes, work number and best time to call _____ A.M. or P.M.

If your are under 18 and it is required, can you furnish a work permit ☐ Yes ☐ No

If no, please explain _____

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) _____

Have you ever been employed her before? _____ ☐ Yes ☐ No

If yes, give date (s) _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Date available for work _____

Type of employment desired ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-op

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

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

Will you work overtime if required? ☐ Yes ☐ No

If no, please explain _____

Have you ever been bonded? _____ ☐ Yes ☐ No

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

If yes, please explain _____

Conviction will not necessarily be a bar to employment. Each instance will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES
ADDRESS		TO	FROM	
JOB TITLE		HOURLY RATE START		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES
ADDRESS		TO	FROM	
JOB TITLE		HOURLY RATE START		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
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JOB TITLE		HOURLY RATE START		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	PER	

Skills & Qualifications- Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities veteran/reserve/ national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decisions or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

POSITION APPLIED FOR _____ DATE _____

REFERRAL SOURCE

☐ WALK IN ☐ GOVERNMENT EMPLOYMENT AGENCY ☐ PRIVATE EMPLOYMENT AGENCY
☐ EMPLOYEE ☐ RELATIVE ☐ SCHOOL
☐ ADVERTISEMENT SOURCE _____ ☐ NAME OF PERSON WHO REFERRED YOU
IF APPLICABLE _____

APPLICANT INFORMATION

NAME _____ TELEPHONE _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

☐ MALE ☐ FEMALE

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ White (not of Hispanic origin) ☐ Black (not of Hispanic origin) ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/ Pacific Islander

For Administrative Use Only

Position applied for ☐ Available ☐ Not Available

Other positions considered for _____ Hired ☐ Yes ☐ No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

☐ Officials & Managers ☐ Sales Workers ☐ Operatives (semi-skilled)
☐ Professionals ☐ Office & Clerical Workers ☐ Laborers (unskilled)
☐ Technicians ☐ Craft Workers (skilled) ☐ Service Workers

Notes: _____

Completed by _____ Date ____ / ____ / ____

EDUCATIONAL BACKGROUND If job related

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. YRS. COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status.

List any additional information you would like us to consider
