



Graduate School/ Post-Graduate School		1 2 3 4 5 6			
List any Professional or Trade Certifications that you have.	<u>Name of Certification</u>	<u>Issuing Organization</u>	<u>Issue Date</u>	<u>Expiration Date</u>	

**FORMAL TRAINING** You may be required to provide verification. You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Name of Training	Presented by	License or Certification No.	Completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Revised 09/30/2020

Do you have military experience? Yes  No  If yes, dates of service: \_\_\_\_\_  
 What was your last rank in the military? \_\_\_\_\_  
 Please list applicable training and military skills, experience, honors and/or achievements: \_\_\_\_\_  
 \_\_\_\_\_  
 Does this experience or training relate to the position you are applying for? Yes  No  If yes, in what way? \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List jobs starting with your *present or most recent job*. Include any military experience. Account for all employment/educational activity within the last 7 years. A Résumé may be attached but does not take the place of this form. If you need more space, please attach a separate sheet or an *Additional Employment Experience* form.

Company Name	Telephone ( )	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary End Salary
List tools, equipment and computer software utilized in this position.		
Company Name	Telephone ( )	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary End Salary
List tools, equipment and computer software utilized in this position.		
Company Name	Telephone ( )	Dates Employed From To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

**COMPLETING THIS EMPLOYMENT APPLICATION DOES NOT CREATE AN EMPLOYMENT CONTRACT OR ALTER THE EMPLOYEE AT-WILL EMPLOYMENT STATUS.**

Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary      End Salary
List tools, equipment and computer software utilized in this position.		
Company Name	Telephone (      )	Dates Employed From                      To
Address		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Job Title	Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties		Reason for leaving.
		Start Salary      End Salary
List tools, equipment and computer software utilized in this position.		

**SKILLS**

<b>Typing / Word Processing</b>	Indicate the number of words per minute you can type without error: _____
<b>Computer Software</b>	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> Internet Other _____
<b>Telephone Experience</b>	Have you operated a multi-line phone? <input type="checkbox"/> Yes <input type="checkbox"/> No    Number of Lines? _____ Years of experience? _____
<b>Driver's License</b>	Do you have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Valid Commercial Driver's License (CDL)? <input type="checkbox"/> No <input type="checkbox"/> Permit <input type="checkbox"/> Class A <input type="checkbox"/> Class B

**PROFESSIONAL REFERENCES (please list 3):**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.**

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any reference checks as well as the investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. If selected for employment, I further understand that my employment is contingent upon passing a pre-employment physical, background investigation and/or a drug test.

*I also understand and acknowledge that all employees of the town are employees- at-will who may quit at any time for any reason and who may be terminated at any time for any or no reason.*

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