

TOWN OF FELTON EMPLOYMENT APPLICATION

WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL BASED UPON INDIVIDUAL MERIT & WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE OR DISABILITY.

APPLICANT DATA:

DATE:	HOME PHONE:	CELL PHONE:
FULL NAME:		
(LAST)	(FIRST)	(MIDDLE)
ADDRESS:		
(STREET)		
(CITY)	(STATE)	(ZIP CODE)

ADDITIONAL INFORMATION:

POSITION APPLYING FOR:		
TYPE OF APPLICATION:	FULL-TIME	PART-TIME
ARE YOU AT LEAST 18 YEARS OF AGE?	YES	NO
HAVE YOU EVER WORKED FOR THIS TOWN BEFORE?	YES	NO
IF YES, WHEN?		
DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE TOWN?	YES	NO
IF YES, GIVE NAME(S) & RELATIONSHIP?		
ARE YOU A CITIZEN OF THE UNITED STATES?	YES	NO
IF NOT, ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES?		
DO YOU HAVE A VALID DRIVER'S LICENSE?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME(S)?	YES	NO
<i>Answering "Yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered.</i>		
IF YES, EXPLAIN THE NATURE OF THE OFFENSE, DATE & PENALTY:		

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

EDUCATION:

	SCHOOL NAME/LOCATION	DEGREE	YEARS COMPLETED
HIGH SCHOOL			
TRADE SCHOOL			
COLLEGE/VO-TECH			

OTHER TRAINING OR EDUCATION:

EMPLOYMENT INFORMATION:

EMPLOYER NAME:	PHONE:	
ADDRESS:		
(STREET)		
(TOWN)	(STATE)	(ZIP CODE)
SUPERVISOR'S NAME & TITLE:		
DATES OF EMPLOYMENT:		
(START)	(END)	
RESPONSIBILITIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO		

EMPLOYER NAME:	PHONE:	
ADDRESS:		
(STREET)		
(TOWN)	(STATE)	(ZIP CODE)
SUPERVISOR'S NAME & TITLE:		
DATES OF EMPLOYMENT:		
(START)	(END)	
RESPONSIBILITIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO		

EMPLOYER NAME:	PHONE:	
ADDRESS:		
(STREET)		
(TOWN)	(STATE)	(ZIP CODE)
SUPERVISOR'S NAME & TITLE:		
DATES OF EMPLOYMENT:		
(START)	(END)	
RESPONSIBILITIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO		

EMPLOYER NAME:	PHONE:	
ADDRESS:		
(STREET)		
(TOWN)	(STATE)	(ZIP CODE)
SUPERVISOR'S NAME & TITLE:		
DATES OF EMPLOYMENT:		
(START)	(END)	
RESPONSIBILITIES:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO		

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquires in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____