

TOWN OF SOMERS

TOWN OF SOMERS
APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE

MAILING ADDRESS (IF DIFFERENT) _____
STREET CITY STATE

ARE YOU 18 YEARS OR OLDER? YES NO (IF NO, PLEASE STATE YOUR AGE) PHONE NO.

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES NO
(PROOF OF LAWFUL EMPLOYMENT ELIGIBILITY IN THE UNITED STATES WILL BE REQUIRED UPON EMPLOYMENT IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986)

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS TOWN BEFORE? WHEN?

EVER WORKED FOR THIS TOWN BEFORE? WHEN?

HOW DID YOU FIND OUT ABOUT THIS TOWN?

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SPECIAL TRAINING OR SKILLS USEFUL TO POSITION SOUGHT

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? * YES NO IF YES, PLEASE EXPLAIN (include dates)

HAVE YOU BEEN ARRESTED FOR ANY CRIME THAT IS CURRENTLY PENDING AGAINST YOU? * YES NO IF YES, PLEASE EXPLAIN

* A CONVICTION OR PENDING ARREST WILL NOT NECESSARILY RESULT IN DENIAL OF EMPLOYMENT AND OTHER FACTORS WILL BE CONSIDERED.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

DATES OF EMPLOYMENT WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRIOR EMPLOYER

DATES OF EMPLOYMENT WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRIOR EMPLOYER

DATES OF EMPLOYMENT WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

CERTIFICATION AND AUTHORIZATION

"I CERTIFY THAT THE FACTS AND RESPONSES SET FORTH IN THIS APPLICATION, OR OTHERWISE MADE BY ME, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, OR OTHERWISE MADE BY ME, AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE BY ME IN THIS APPLICATION, OR OTHERWISE, CONSTITUTE SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION OR, IF EMPLOYED, GROUNDS FOR DISMISSAL. I ALSO UNDERSTAND THAT THIS APPLICATION FOR EMPLOYMENT IS NOT A CONTRACT AND IS NOT INTENDED TO CONFER OR CREATE CONTRACTUAL RIGHTS OF ANY KIND OR NATURE. NO REPRESENTATIONS HAVE BEEN MADE TO ME BY THE EMPLOYER AND I HAVE NOT RELIED UPON ANY REPRESENTATIONS BY THE EMPLOYER.

DATE

SIGNATURE