

TOWN OF GEORGETOWN

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) applied for: _____

Date of Application: _____

How did you learn about this position:

- ☐ ADVERTISEMENT ☐ FRIEND ☐ WALK-IN
☐ EMPLOYMENT AGENCY ☐ RELATIVE ☐ OTHER - _____

Last Name	First Name	Middle Initial
Address (mailing and street)	Town	State Zip
Telephone Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

Have you ever been employed with us before?

☐ Yes ☐ No

Are you currently employed?

☐ Yes ☐ No

May we contact your employer?

☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes ☐ No

PROOF OF CITIZENSHIP WILL BE REQUIRED UPON EMPLOYMENT.

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, handicap or other protected status.

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job related training in the United States Military? ☐ Yes ☐ No

If yes, please describe: _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ☐ Yes ☐ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related Military Service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer	Dates Employed (From – To)	Work Performed
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Address		
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Telephone Number(s)		
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Job Title	Supervisor
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Reason for Leaving

2.

Employer	Dates Employed (From – To)	Work Performed
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Address

Telephone Number(s)

Job Title

Supervisor

Reason for Leaving

3.

Employer	Dates Employed (From – To)	Work Performed
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Address

Telephone Number(s)

Job Title

Supervisor

Reason for Leaving

4.

Employer	Dates Employed (From – To)	Work Performed
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Address

Telephone Number(s)

Job Title

Supervisor

Reason for Leaving

(If you need additional space for references, please continue on a separate sheet of paper)

Are you currently on “Lay-off” status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

Have you been convicted of a felony within the last seven (7) years?

☐ Yes ☐ No

If yes, please explain:

EDUCATION

	Elementary School	High School	College	Professional
School Name and Location				
Years Completed (circle highest completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills or extra-curricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful to us in considering your application:

Indicate any foreign languages you can speak, read and/or write		
FLUENT	GOOD	FAIR
Speak	_____	
Read	_____	
Write	_____	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications from employment or other experience.

APPLICANT STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered 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*” 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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Interviewer

Date

Employed ☐ Yes ☐ No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____

Name and Title

Date

Notes: _____