

**APPLICATION FOR EMPLOYMENT  
FOR THE  
TOWN OF GOLDSBY  
(PLEASE PRINT CLEARLY)**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**We are an Equal Opportunity Employer.**

**Job Applied For** \_\_\_\_\_

Name (Last/First/Middle) \_\_\_\_\_

Address (Number and Street) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone number: Day \_\_\_\_\_ Evening \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Position applying for: \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Date Available: \_\_\_\_\_ Pay Expected: \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, do you have a valid work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you either a U.S. citizen or an alien who is lawfully authorized to work in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are hired you will be required by federal law to complete an I-9 Form and furnish proof of your identity and right to work.

Circle all days and hours you are available to work:

S M T W Th F S \_\_\_\_\_

Have you previously applied for employment with us? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when, and were you offered a position?

\_\_\_\_\_

Do you have reliable means of transportation to get to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any reason why you cannot arrive to work on time and remain at work throughout each regularly scheduled workday? \_\_\_\_\_

**List Any Professional Certifications that corresponds to this position:**

Professional Registration No. \_\_\_\_\_  
 State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Professional Registration No. \_\_\_\_\_  
 State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Professional Registration No. \_\_\_\_\_  
 State \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you are a professional or are licensed, have you ever been disciplined by a professional group, organization, licensure board, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

	<u>School Name</u>	<u>Last Yr. Completed</u>	<u>Date you graduated</u>	<u>Major/Degree</u>
High School:	_____	1 2 3 4	_____	_____
College:	_____	1 2 3 4	_____	_____
Trade/ Business School	_____	1 2 3 4	_____	_____

**WORK REFERENCES:****PRESENT:**

Company Name/Employer: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Employers Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph. No. \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title/ Duties: \_\_\_\_\_

**PAST:**

Company Name/Employer: \_\_\_\_\_

Date Employed: to \_\_\_\_\_, from \_\_\_\_\_

Employers Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph. No. \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title/ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_

Date Employed: to \_\_\_\_\_, from \_\_\_\_\_

Employers Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph. No. \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title/ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_

Date Employed: to \_\_\_\_\_, from \_\_\_\_\_

Employers Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph. No. \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title/ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name/Employer: \_\_\_\_\_

Date Employed: to \_\_\_\_\_, from \_\_\_\_\_

Employers Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph. No. \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Job Title/ Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

PERSONAL REFERENCES: List 3 people, at least two of whom are not related to you.

NameOccupationAddressPhone Number

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been discharged or asked to resign from a position? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please use this space to provide a detailed explanation of all prior disciplinary problems/actions.

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May we contact your present employers? If NO, explain: \_\_\_\_\_

May we contact your previous employers? If NO, explain: \_\_\_\_\_

Have you ever pleaded guilty or no contest to or been convicted of a crime other than a traffic offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the facts and circumstances: \_\_\_\_\_

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### **Applicant's Statement**

The facts contained in this application are true and complete to the best of my knowledge and I have not withheld any fact or circumstance which could, if disclosed, affect my application unfavorably. I understand that any false or misleading statement or any material omitted in this application will be grounds for rejection of my application or (if I have been hired) for my immediate dismissal.

I authorize investigation of all statements contained in this application, information concerning my previous employment, and any other information, personal or otherwise. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of any such investigative report that is made. I release all parties from liability for any damage that may result from furnishing information and opinions to you. I release and indemnify you against any liability that may result from making such an investigation.

If hired, I consent to taking physical examinations and tests required by you.

I confirm that no promise regarding employment or the terms and benefits thereon has been made to me and I understand that no such promise or commitment will be binding upon you unless it is made in writing and signed by an official of the Town of Goldsby.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that you retain the similar right.

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Signature of Applicant

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Date