



Town of Warner Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, 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
<hr/> How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
<hr/>		
Address	City	State
		Zip Code
<hr/>		
Telephone Number		

1. If you are under 18 years of age, can you provide required proof of your eligibility to work ? Yes No
 2. Have you ever filed an application with us before? If Yes, provide date _____
 3. Have you ever been employed with us before? If Yes, provide date _____
 4. Are you currently employed? Yes No
 5. May we contact your employer? Yes No
 6. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
- Proof of citizenship or immigration status will be required upon employment.*
7. On what date would you be available for work? _____
 8. Are you available to work: Full Time Part Time Shift Work Temporary
 9. Are you currently on "lay off" status and subject to recall? Yes No
 10. Can you travel if a job requires it? Yes No
 11. Have you been convicted of a felony within the last 7 years? Yes No
- Conviction will not necessarily disqualify an applicant from employment*
12. If Yes, please explain

THE TOWN OF WARNER IS AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years 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 and 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			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, religion, national origin, age, ancestry, handicap or other protected status:

References:

Give name, address and telephone numbers 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 _____

Address _____ Hourly Rate: Start _____ Finish _____

Telephone Number _____ Job Title _____

Supervisor _____ Reason for Leaving _____

Duties Performed: _____

2.

Employer: _____ Dates Employed: From _____ To _____

Address _____ Hourly Rate: Start _____ Finish _____

Telephone Number _____ Job Title _____

Supervisor _____ Reason for Leaving _____

Duties Performed: _____

3.

Employer: _____ Dates Employed: From _____ To _____

Address _____ Hourly Rate: Start _____ Finish _____

Telephone Number _____ Job Title _____

Supervisor _____ Reason for Leaving _____

Duties Performed: _____

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience. _____

Applicant's 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 active 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" employment 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 _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____

By _____
NAME AND TITLE DATE

NOTES _____
