

TOWN OF MILTON

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT



Today's date _____

In order that your application may be properly evaluated, it is essential that all of the following questions be answered fully and completely.

NAME: _____ SOC. SEC. NO. _____

ADDRESS: _____
Street _____ TEL. NO. () _____
Town State Zip Code

Are you legally eligible for employment in this country? Yes No

Military: Have you served in the U.S. Armed Forces?..... Yes No
From _____ to _____ Branch _____ Duties _____

JOB APPLIED FOR: _____ DEPARTMENT _____

Have you ever worked for the Town of Milton?..... Yes No
If so, dates of such employment positions held. _____

Clerical: List Office Machines including computers and software you can operate:

Manual: List Licenses you possess (Motor Vehicle Operator, Class A,B,C,D)

Skills and Qualifications - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Are you available to work: Full-time Part-time Other _____

Are you over 16?..... Yes No

In case of emergency, notify _____ () _____
Name Address Tel. No.

EDUCATIONAL BACKGROUND

EDUCATION	Name & Location of School	Diploma/Degree Certificate	Dates Attended
High School			
Business, Technical, or Correspondence Schools			
College & Graduate Schools			

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REFERENCES: List below the names of three (3) persons, not related to you, whom you have known at least one year.

Name	Address & Tel. No	Occupation	Years Known
1.			
2.			
3.			

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EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary).

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT REFERENCE?		\$	PER	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT REFERENCE?		\$	PER	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT REFERENCE?		\$	PER	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

AGREEMENT

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I consent to have an investigation made as to my character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court association or institution having control of any documents, and records and other information pertaining to me, including without limitation, employment information, personnel information, disciplinary information, criminal record and information, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, to furnish to the town of Milton any such information, and to permit the Town of Milton or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the Town of Milton, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Town of Milton. I have had explained to me, and I fully understand that refusal to grant this authorization will, not of itself, constitute a basis for rejection of my application.

If I am offered a contingent offer of employment, I agree to take a physical examination, which may include testing for drugs, given by an appointed town physician as required and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____ / ____ / ____