

Town of Northwood Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applying For	Date of Application
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How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Street	City
		State Zip Code
Telephone Number(s)		Social Security Number

EMERGENCY CONTACT INFORMATION

Name	Relationship
Telephone Number(s)	
Name	Relationship
Telephone Number(s)	

Best time to contact you at home is: _____:_____ AM/PM

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
If Yes, give date _____.

Have you ever been employed with us before? Yes No
If Yes, give date _____.

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name and relationship _____.

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

Proof of citizenship or immigration status will be required upon employment.

Date available for work ___/___/___

What is your desired salary range? \$_____/ \$_____

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations with indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From / To	Work Performed
Address		
Telephone Number (s)		
Starting /Present Job Title	Hourly Rate/Salary Starting / Final	
Supervisor		
Reason For Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From / To	Work Performed
Address		
Telephone Number (s)		
Starting /Present Job Title	Hourly Rate/Salary Starting / Final	
Supervisor		
Reason For Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From / To	Work Performed
Address		
Telephone Number (s)		
Starting /Present Job Title	Hourly Rate/Salary Starting / Final	
Supervisor		
Reason For Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Additional Information

Other Qualifications: *Summarize special job related skills and qualifications acquired from employment or other experience.*

Specialized Skills (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Photocopier
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Fax Machine
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="checkbox"/> Microfiche
_____ WPM	_____ WPM	

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

Personal/Professional References

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 60 days. Any applicant wishing to be considered for employment beyond this period should inquire 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

<i>Office Use Only</i>			
Date of Hire		Grade/Step or Rate:	
Signature			