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| imag | **Town of Wilbur** | **Application for Employment****-----------------------------------------------------****Equal Opportunity Employer** |

**Personal Information Date**

|  |  |
| --- | --- |
| **Name (Last, First, MI)** | **Social Security** |
|  |  |
| **Address** | **City** | **State** | **Zip** |
|  |  |  |  |
| **Day Phone** | **Evening Phone** | **Cell Phone** | **E-Mail** |
|  |  |  |  |

**Employment Interest**

|  |  |  |
| --- | --- | --- |
| **Position** |  | **Salary Requirements**  |
|  | Full Time Part Time |  |
| **Currently Employed**  |  | **Town of Wilbur is Authorized** **to Contact Current Employer** |  | **Date Available To Start** |
| Yes No | Yes No |  |
| **Prior Applications at** **Town of Wilbur** |  | **Position: Application Date:** |
| Yes No |  |
| **Legally Authorized to** **work in United States**  |  |  | **Applicants 18 Years or younger**  |
| Yes No | Employment offer is conditioned upon completing form I-9 and identity and work authorization documentation.  | Must attach birth certificate or work certificate as required by state or federal law. |

**Education / Certifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name and Location** | **Dates**  | **Graduated** | **Subjects / Majors / Degrees** |
| **GED or** **High School** |  |  |  |  |
| **College or University** |  |  |  |  |
| **Technical or Trade School** |  |  |  |  |
| **Job-Related Skills, Accomplishments, Special Study or Research Work.** |
|  |
| **Special Licenses or Certifications** |
|  |
| **U.S. Military Service and Rank** |
|  |

**References**

|  |
| --- |
| **Contact details for three persons, not former employers, who you have known for longer than one year.** |
| **Name** |  | **Address** |  | **Years Known** |  |
| **Occupation** |  | **Telephone** |  |
|  |
| **Name** |  | **Address** |  | **Years Known** |  |
| **Occupation** |  | **Telephone** |  |
|  |
| **Name** |  | **Address** |  | **Years Known** |  |
| **Occupation** |  | **Telephone** |  |

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**Employment History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Employer** |  | **Starting** | **Ending** | **Reason For Leaving** |
| **Name** |  | **Dates** |  |  |  |
| **Address** |  | **Position / Job Title** |  |  |
| **Telephone** |  |  |  |  |
|  |  |  |  |  |  |
| **Name** |  | **Dates** |  |  |  |
| **Address** |  | **Position / Job Title** |  |  |
| **Telephone** |  |  |  |  |
|  |  |  |  |  |  |
| **Name** |  | **Dates** |  |  |  |
| **Address** |  | **Position / Job Title** |  |  |
| **Telephone** |  |  |  |  |
|  |  |  |  |  |  |
| **Name** |  | **Dates** |  |  |  |
| **Address** |  | **Position / Job Title** |  |  |
| **Telephone** |  |  |  |  |

**Authorization**

|  |
| --- |
| **CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM** |
| I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.I also understand and agree that no representative of the Town of Wilbur has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized Town of Wilbur representative.This waiver does not permit the release or use of disability-related or medical information on a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.I have read, understand, and agree to the above statements. |
| **Signature** | **Date** |
|  |  |