

TOWN OF SAWMILLS APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire an Equal Opportunity Employer

Middle

Directions: Type or print in *blue or black ink.* Answer all questions which are applicable. Please do not state "See Resume"

First Name

PERSONAL INFORMATION

Last Name

Address		City	City			State	/Zip
Phone			Day Phone (if different)				
Are you 18 years or older? YES NO			Date				
EMPLOYMENT INFORMATION							
Position applying for			Date you can start		Salary D	esired	
Are you employed now? YES NO			If so, may we contact your present employer? YES NO				
Present Employer's Name			Supervisor's Name and Contact Number				
Have you ever applied to this company before? YES NO			If so, when and what position?				
Reason for leaving:							
Who referred you to this company? (circle one) Employment Agency Newspaper Advertising Friend Walk In Other							
State Employment Office College Placement Service Town's Website							
EDUCATION							
School Level	Name & Location Of School		ars nded	Did you Graduate?		Subjects	s Studied
Grammar School							
High School							
College					_		
Trade, Business or Correspondence School							

FORMER EMPLOYERS

List below your last three employers, starting with the most recent one first. Name of present or last employer Address State Zip City Starting Date Leaving Date Job Title Weekly Starting Salary Weekly Final Salary May we contact your supervisor? YES NO Phone Name of Supervisor Title Description of Work Reason for Leaving Name of present or last employer Address City State Zip Job Title Starting Date Leaving Date Weekly Starting Salary Weekly Final Salary May we contact your supervisor? YES NO Name of Supervisor Title Phone Description of Work Reason for Leaving Name of present or last employer Address City Zip State Job Title Starting Date Leaving Date Weekly Starting Salary Weekly Final Salary May we contact your supervisor? YES NO Name of Supervisor Title Phone **Description of Work** Reason for Leaving

GENERAL		
Subject of special study:		
, ,		
Special Training:		
Special Skills:		
Oposiai Citino.		
Certifications:		
Please list three of the persons below to whom	you are not related to	and have known
at least one year.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
EMPLOYMENT & PERSONAL REFERENCES		
Name & Address (include city, state, zip)	Phone	Relationship
, , , , , , , , , , , , , , , , , , , ,		,
Have you been convicted of a felony or misdemeanor v		YES NO
(A yes answer to the above question does not necessarily disqualif	y an applicant from employment.)
If yes, explain.		

ΛΙ	JTH	\sim	17/	· — I	\sim N I
Δ I			1 / L		

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have. Personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

into any agreement for employment for any	entative of the company has any authority to enter specified period of time, or to make any agreement ng and signed by an authorized company representative.
 Date	Signature

The Town of Sawmills does not discriminate on the basis of age, religion, color, national origin, age, biological sex or disability.