



TOWN OF SAWMILLS

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire an Equal Opportunity Employer

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

PERSONAL INFORMATION		
Last Name	First Name	Middle
Address	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 Desired
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	Years Attended	Did you Graduate?	Subjects 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		City	State	Zip
Starting Date		Leaving Date	Job Title	
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	State	Zip
Starting Date		Leaving Date	Job Title	
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	State	Zip
Starting Date		Leaving Date	Job Title	
Weekly Starting Salary		Weekly Final Salary	May we contact your supervisor? YES NO	
Name of Supervisor		Title	Phone	
Description of Work				
Reason for Leaving				

AUTHORIZATION

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.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date

Signature