

## 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	City		State /Zip		
Phone			Day Phone (if different		ifferent)		
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		ore?	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					k In Other		
State Employmen	t Office College Place	ment S	Servic	e Town's W	/ebsite		
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	, , 5. 5, 5.5	<u>g</u>				
Address		City		State	Zip	
Starting Date Le		eaving Date	Job Title	1		
Weekly Starting Salary	W			y we contact your supervisor? YES NO		
Name of Supervisor Ti		tle Phone				
Description of Work	I					
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	Ti	tle Phone		one		
Description of Work	I					
Reason for Leaving						
Name of present or last employer						
					T	
Address		City		State	Zip	
Starting Date	L		Job Title			
Weekly Starting Salary	W	Weekly Final Salary		May we contact your supervisor? YES NO		
Name of Supervisor Ti		tle Phone				
Description of Work	ı					
Reason for Leaving						
GENERAL						

Outlined of an article broken		
Subject of special study:		
Special Training:		
Special Skills:		
Special Skills.		
Certifications:		
Please list three of the persons below to whom	you are not related to a	nd have known
at least one year.		
EMPLOYMENT & PERSONAL REFERENCES		
Name & Address (include city, state, zip)	Phone	Relationship
Have you been consisted of a falcon on misdance are any	ithin the least 5 was 200 V	VEC NO
Have you been convicted of a felony or misdemeanor w  (A yes answer to the above question does not necessarily disqualify		YES NO
If yes, explain.	an applicant from employment.	

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 discriminated on the basis of age, religion, color, national origin, age, biological sex or disability.