

Application For Employment



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(Please Print)

Date of Application _____

Position(s) Applied For _____

Referral Source Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Home Telephone (____) _____ Social Security Number _____ | _____ |

Cell Phone (Optional) (____) _____

If employed and you are under 18?
Can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you been employed here before? Yes No If Yes, give date _____

Are you employed now? 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?
 Yes No

(Proof of citizenship or immigration status may be required upon employment)

On what date are you available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Can you travel if the job requires it? Yes No

What type of license do you hold? Operators (CDL-C) CDL-A CDL-B

Have you been convicted of a felony within the last 7 years? () Yes () No

If yes, please explain _____

Are you a Veteran of the U.S. Military service? () Yes () No

If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Applicant Data Record



Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

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() Employment Agency () Other _____

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Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: () Male () Female

Check one of the following:

Race / Ethnic group: () White () Black () Hispanic () Asian / Pacific Islander
() American Indian / Alaskan Native

Check if any of the following are applicable:

() Vietnam Era Veteran () Disabled Veteran () Gulf War Veteran
() Iraq War Veteran () Handicapped Individual

Education



	Elementary					High				College / University				Graduate / Professional			
School Name																	
Years Completed (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study:																	

Describe Special Training, Apprenticeship, Skills, and Extra- Curricular Activities	
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Honors Received

State any additional information you feel may be helpful to us in considering your application (use additional paper if necessary).

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 Town of Amherst.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview () Yes () No
Remarks _____

Employed () Yes () No Date of employment _____ Interviewer _____ Date _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ Name and Title _____ Date _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Telephone	<u>Dates employed</u>		
		From	To	Work Performed
Address				
Job Title		<u>Hourly Rate / Salary</u>		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	<u>Dates employed</u>		
		From	To	Work Performed
Address				
Job Title		<u>Hourly Rate / Salary</u>		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	<u>Dates employed</u>		
		From	To	Work Performed
Address				
Job Title		<u>Hourly Rate / Salary</u>		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	<u>Dates employed</u>		
		From	To	Work Performed
Address				
Job Title		<u>Hourly Rate / Salary</u>		
		Starting	Final	
Supervisor				
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

Acquired from employment or other experiences _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open () Yes () No

Position(s) Considered For _____

Date _____

NOTES: