





Employment  
and US  
Military  
Service Record

COMPLETE THIS SECTION even if you have attached a resume. Give a complete account of your full-time employment. Begin on the first line with your **PRESENT** or most recent position and work back.

1. Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting pay \_\_\_\_\_ Leaving pay \_\_\_\_\_

Why did you leave? \_\_\_\_\_

2. Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting pay \_\_\_\_\_ Leaving pay \_\_\_\_\_

Why did you leave? \_\_\_\_\_

3. Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting pay \_\_\_\_\_ Leaving pay \_\_\_\_\_

Why did you leave? \_\_\_\_\_

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Personal Information in this section is required only after employment.

Person to notify in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_

Name of spouse (if any) \_\_\_\_\_

Phone \_\_\_\_\_

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Certificate of Applicant (Read carefully before signing)

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal. I hereby authorize any former employer, person, firm or corporation listed hereon including this company to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and

may be terminated at will at any time upon notice by either myself or the Town. I agree to comply with all reasonable rules of the Town as a condition of continued employment. In the event the Town advances me money or other things of value, or I otherwise become financially indebted to the Town, I agree to repay the Town and also that any wages due me upon termination may be offset by payroll deduction against any such monies due the Town.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Qualified applications receive equal consideration. No question is asked for the purpose of excluding any applicant due to his or her race or color, religion, sex, sexual orientation, gender identity or expression, disability, age or country of ancestral origin, as prohibited by law or regulation. "AN EQUAL OPPORTUNITY EMPLOYER"

Additional  
Information

If the box to the left is checked, please answer additional questions on the attached addendum.