

GENERAL EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME _____

ADDRESS (number, street, building) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Are you legally entitled to work in the United States? Yes No

Are you at least 18 years of age? Yes No If no, can you provide a work permit? Yes No

Do you have a valid driver's license? Yes No

Are you currently employed? Yes No If yes, when will you be available to start: _____

Do you have any relatives working for the Town of Sharpville? Yes No

Do you have any relatives that are current elected officials for the Town of Sharpville? Yes No

If Yes to the previous two (2) questions, who? _____

Have you been employed by the Town of Sharpville in the past? Yes No If yes, when? _____

Have you ever been arrested or convicted of a crime that has not been expunged by a Court? Yes No

If Yes, please explain: _____

DESIRED EMPLOYMENT

EMPLOYMENT TYPE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	POSITION APPLYING FOR	DESIRED SALARY
Are you available to work Mon-Fri? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what days are you available?	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION (starting with most recent)

School	Location	Years Attended	Degree/Field of Study

WORK EXPERIENCE (starting with most recent)

Company Name	Period	Position	Reason for Leaving

May we contact your present employer? Yes No If No, why? _____

If Yes, name of Supervisor: _____ Contact Number: _____

Please explain gaps in employment: _____

MILITARY EXPERIENCE

Have you served in the US Military?

 Yes No

Service Dates:

Branch:

Rank:

MAJOR SKILLS**EDUCATION (starting with most recent)**

School	Location	Years Attended	Degree/Field of Study

REFERENCES (Three (3) persons not related to you, whom you've known for at least one (1) year)

Name	Address	Contact Information	Years Known

AUTHORIZATION (please initial each line)

_____ 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 Town of Sharpville from all liability for any damage that may result from utilization of such information.

_____ I understand and agree that no representative of the Town of Sharpville has any authority to enter in 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 representative.

_____ I also understand that employment with the Town of Sharpville is "at-will." This means employees are free to resign at any time, with or without cause, and the Town of Sharpville may terminate the employment relationship at any time, for any lawful reason, with or without cause or advance notice. As an at-will employee, I am not guaranteed employment with the Town of Sharpville for any set period of time.

_____ I also understand that the Town of Sharpville is an equal opportunity employer. All applicants will be considered for employment without attention to race, age, religion, sex, sexual orientation, gender identity, national origin, disability, marital status, or veteran status.

_____ I also understand that the Town of Sharpville can and will give random drug screenings.

_____ This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE

DATE