

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT)

POSITION APPLIED FOR:	DATE OF APPLICATION
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HOW DID YOU LEARN ABOUT US?			
ADVERTISEMENT _____	FRIEND _____	WALK-IN _____	Other _____
EMPLOYMENT AGENCY _____	RELATIVE _____		

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		

TELEPHONE(S)

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES ___ NO ___

HAVE YOU EVER BEEN EMPLOYED BY US BEFORE? YES ___ NO ___
IF YES, GIVE DATE _____

FORM 785 ISSUE 14

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB, INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ANY ORGANIZATION WHICH INDICATES RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS.

1. EMPLOYER _____	<u>LENGTH OF SERVICE</u>	<u>WORK PERFORMED</u>
ADDRESS _____	FROM: _____	
TELEPHONE (____) _____	TO: _____	
JOB TITLE _____	Hourly Wage: _____	
REASON FOR LEAVING _____ _____		
SUPERVISOR _____		
2. EMPLOYER _____	<u>LENGTH OF SERVICE</u>	<u>WORK PERFORMED</u>
ADDRESS _____	FROM: _____	
TELEPHONE (____) _____	TO: _____	
JOB TITLE _____	Hourly Wage: _____	
REASON FOR LEAVING _____ _____		
SUPERVISOR _____		
3. EMPLOYER _____	<u>LENGTH OF SERVICE</u>	<u>WORK PERFORMED</u>
ADDRESS _____	FROM: _____	
TELEPHONE(____) _____	TO: _____	
JOB TITLE _____	Hourly Wage: _____	
REASON FOR LEAVING _____ _____		
SUPERVISOR _____		

COMMENTS:

FORM 785 ISSUE 14

LIST YOUR ACADEMIC, VOCATIONAL, OR PROFESSIONAL EDUCATION, AND THE PUBLIC & PRIVATE SCHOOLS YOU ATTENDED.

ELEMENTARY SCHOOL	HIGH SCHOOL	COLLEGE	POST GRADUATE
NAME	NAME	NAME	NAME
LOCATION	LOCATION	LOCATION	LOCATION
YEARS COMPLETED	YEARS COMPLETED	YEARS COMPLETED	YEARS COMPLETED
	DIPLOMA	DIPLOMA/DEGREE	DIPLOMA/DEGREE
	COURSE OF STUDY	COURSE OF STUDY	COURSE OF STUDY

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, OR SKILL YOU MAY HAVE

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

LIST ANY MEMBERSHIP IN SERVICE, TRADE, OR PROFESSIONAL ORGANIZATIONS (YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY OR OTHER PROTECTED STATUS)

ARE YOU A VETERAN OF THE ARMED SERVICES? YES _____ NO _____

IF YES, WHAT TYPE OF TRAINING OR EDUCATION DID YOU RECEIVE WHILE IN THE MILITARY?

SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE:

ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES ___ NO ___

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU AVAILABLE TO WORK: FULL-TIME _____ PART-TIME _____ CASUAL _____

ARE YOU WILLING AND ABLE TO WORK OTHER SHIFTS? YES ___ NO ___

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?
(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)
(THE SERIOUSNESS OF THE CRIME AND DATE OF CONVICTION WILL BE CONSIDERED)
YES ___ NO ___

IF YES EXPLAIN _____

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR
WITHOUT REASONABLE ACCOMMODATIONS? YES ___ NO ___

REFERENCES:

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT
RELATED TO YOU, **ARE NOT PREVIOUS EMPLOYERS**, AND ARE WILLING TO PROVIDE
PROFESSIONAL AND/OR CHARACTER REFERENCES FOR YOU.

1. _____

2. _____

3. _____

AGREEMENT (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal at a later date, should I become employed at the Town of Landaff.

I further understand that should I become employed at the Town of Landaff my employment can be terminated, with or without cause, at any time at the discretion of either the Company or myself and that no management official other than the Board of Selectmen has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued support.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Name (please print)

Signature

Date

The use of this application does not indicate that there are any positions available and in any way obligate this Company.

Form 785 Issue 14

AFFIRMATIVE ACTION FORM

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Sex: Male Female

Date _____

Race/ethnicity:

Hispanic or Lantino-A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Lantino)-A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)-A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)-A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Lantino)-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)-A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)-All persons who identify with more than one of the above five races.

Vietnam Era Veteran Disabled Veteran Campaign Veteran Other Protected Veteran

Armed Forces Service Medal Veteran

Form 785 Issue 14