

## Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation, or any other legally protected status.

**(Please Print)**

Position(s) Applied For:	Date Of Application: _____/_____/_____		
Date Available For Work: _____/_____/_____			
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number (        )	Social Security Number		
Email Address			

Have you ever been employed with the Town of Philipsburg before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give date: \_\_\_\_\_

Are you currently employed? 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 will be required upon employment)*

Are you available to work:

**Full Time**\_\_\_\_\_ **Part Time**\_\_\_\_\_ **Shift Work**\_\_\_\_\_ **Temporary**\_\_\_\_\_

Are you currently on “lay-off status” and subject to recall? Yes\_\_\_\_\_ No\_\_\_\_\_

Can you travel if a job requires it? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you been convicted of a felony within the last 7 years? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

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## Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other				

Indicate any foreign language you can speak, read, and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

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Describe any job-related training received in the United States Military:

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## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences:

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### Specialized Skills

Check Skills/Equipment Knowledge:

- |                                     |                                             |                                                  |                                         |
|-------------------------------------|---------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> CRT        | <input type="checkbox"/> Ten Key Calculator | <input type="checkbox"/> Multi Line Phone        | <input type="checkbox"/> Excel          |
| <input type="checkbox"/> PC         | <input type="checkbox"/> Typewriter         | <input type="checkbox"/> PBX System              | <input type="checkbox"/> Power Point    |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Fax                | <input type="checkbox"/> Black Mountain Software | <input type="checkbox"/> Outlook        |
|                                     |                                             |                                                  | <input type="checkbox"/> Microsoft Word |

Please list any additional products and machinery:

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State any additional information you feel may be helpful to us in considering your application:

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**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the Activities involved in such a job or occupation is attached.

Yes \_\_\_\_\_ No \_\_\_\_\_



## Employment Experience, Continued

Employer		Dates Employed	
		From	To
Address		Hourly Rate/Salary	
		Start	End
Job Title	Supervisor		
Work Performed			
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Reason For Leaving			

Employer		Dates Employed	
		From	To
Address		Hourly Rate/Salary	
		Start	End
Job Title	Supervisor		
Work Performed			
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Reason For Leaving			

## References

1. Name	Phone Number	Address
2. Name	Phone Number	Address
3. Name	Phone Number	Address

List professional, trade, business, or civic activities and offices held:

*(You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status)*

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## 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 to arrive at an employment decision.

This application for employment shall be considered active for a period not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time should enquire as to whether applications are being accepted at that time.

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 Philipsburg.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_