

TOWN OF WILLIAMSON

SERVICE ON BOARD OR COMMITTEE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name/Initial
Address Number -Street		City	State Zip Code
Telephone Number		Date of Birth (Optional)	

Are you a citizen of the United States? Yes No If yes, by birth by naturalization

EDUCATION

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

Please describe how your educational background would contribute to your role on the government body noted above.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY - Please complete the following listing. Start with your most recent employment.

1.

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	

2.

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	

3.

Employer	Dates Employed	Work Performed
Address	From	
Telephone Number(s)	To	
Job Title	Supervisor	

Please describe how your occupational experience would contribute to your role on the government body noted above.

Interests, Skills, and/or Other Activities – Please indicate experiences or interests that you feel would contribute to your role on the government body noted above.

1. _____

2. _____

3. _____

4. _____

Reason For Application – Please give a brief description of your interest in the position for which you are applying.

References

Please complete the following:

	Name of Reference	Telephone #	Relationship to Yourself
1.			
2.			
3.			

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.

I understand that this application is active for just the position noted at the beginning of this application and will remain active only until the position is filled.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **“at will”** nature, which means that the person may resign at any time and the Employer may discharge Employee at any 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 employer.

Date: _____

Signature of Applicant: _____

Date Received: _____

By: _____