



TOWN OF WILLIAMSON 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 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	Town/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

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us 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)

On what date would you be available for work? _____

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

Have you ever had any job related training in the United States military?

If yes, please explain: Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Special Skills and Qualifications

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

References:

Give name, address and telephone numbers of three references who are not related to you and are not previous employers:

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 for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby 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 Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **“at will”** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by authorization of the Town Board. An adopted union agreement supersedes that “at will” employment relationship.

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.

Signature of Applicant

Date

EDUCATION

	Elementary School					High School				Undergraduate College/Univ.				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																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application.																	

Do you have any objections to the Town making inquiry regarding your character and qualifications from?

- (A) Your former employers? ___Yes ___No
- (B) Your present employer? ___Yes ___No

Except for minor traffic violation were you:

- (A) Ever convicted of a felony or misdemeanor within last seven years? ___Yes ___No

If your answer is yes to any of the above give details and disposition of each: _____

List professional, trade, business, or civic activities and office held/ (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or protected status)

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Supervisor		Work Performed
Address	Dates Employed From To		
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting Final		
Reason for leaving			
2. Employer	Supervisor		Work Performed
Address	Dates Employed From To		
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting Final		
Reason for leaving			
3. Employer	Supervisor		Work Performed
Address	Dates Employed From To		
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting Final		
Reason for leaving			
4. Employer	Supervisor		Work Performed
Address	Dates Employed From To		
Telephone Number(s)			
Job Title	Hourly Rate/Salary Starting Final		
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.