



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		Town/City		State	Zip Code
Telephone Number		Date of Birth (Optional)		Email Address	

Are you a citizen of the United States? Yes No

If yes, by birth by naturalization

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																	

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

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

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

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

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

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

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 Employee 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.

Signature of Applicant

Date

Received By

Date