Application for Employment							
TOWN OF ELIOT							
Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, sexual orientation, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.							
Street Address							
City		State		Zip Code			
Telephone #	Cell Phone #						
		application is require		posted)			
How did you hear o	f the position?						
Education							
Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree/ Certification			
High School		7 8 9 10 11 12					
College		1 2 3 4 more					
Business or Trade School		Months Attended					
Other Licenses or Certifications		Length of Program					

Employment History

Please list your <u>complete</u> employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (Mo./Yr.) From:	Address/City/State		Reason for leaving				
	FIOM:							
	To:							
Type of work performed:								
Name of Supervisor and contact information:								
Employer	Employed (Mo./Yr.)	Address/City/State		Reason for leaving				
	From:							
	To:							
Type of work performe	ed:							
Name of Supervisor								
Employer	Employed (Mo./Yr.)	Address/City/State		Reason for leaving				
	From:							
	To:							
Type of work performed:								
Name of Supervisor								

If you served in the United States Armed Forces, briefly list the dates, rank, and skills acquired:				
Personal Information				
Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation Yes \Box No \Box				
Are you legally authorized to work in the U.S.? Yes No No Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.				
Are you at least 18 years of age? Yes I No I				
If required for the position, do you have a clean driving record? (if no, please explain) Yes \Box No \Box				
Please list any special office/software skills:				
Please list any special equipment skills:				
Please list any other skills:				
If hired, when would you be available?				

References						
NAME	HOW THEY KNOW YOU	EMAIL ADDRESS	PHONE NUMBER			
Are you presently empl	loyed? Yes □ No □ If so, m	ay we contact your present em	ployer? Yes⊟ No⊟			
the best of my knowled be held liable in any re- statements, answers o incorrect statements r termination. I underst which I am being co companies, schools or employment, characte discharge, absolve, inc liability for any damage derogatory facts conce obtaining employment, employment, I agree to	dge without consequential om espect if my employment is re- or omissions made by me in the may render this application tand that a medical examina- onsidered may be required. In persons named above to give and qualifications. I here demnify, and hold harmless sa- ges for issuing this information the party disclosing su o conform to the rules and re- terminated with or without ca	ng questions and statements a hissions of any kind. I agree the ejected or subsequently terminat his application. I understand the void, and if employed, may tion based on the requirement I also voluntarily and knowing aid companies, schools or person, except for the malicious and le for the express purpose of uch facts knows to be untrue. I egulations of this organization, ause and with or without notice	hat the Town shall not ated because of false hat any misleading or lead to employment its of the position for wingly authorize the regarding my former gly fully release and sons from any and all d willful disclosure of preventing me from n consideration of my My employment and			
Signature		Dat	te			
Completed Applicat address:	Town o 1333 Sta	at the Town Office or mail of Eliot ate Road E 03903	ed to the following			