



## APPLICATION FOR EMPLOYMENT TOWN OF JONESBOROUGH

The Town of Jonesborough is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment upon any basis. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, creed, marital or veteran status, the presence of any non-job related medical condition or handicap, or any other legally protected status.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

How long have you lived at the above address \_\_\_\_\_

Additional telephone number(s) where you may be reached or a message left \_\_\_\_\_

NOTE: If hired, you must furnish proof that you are at least 18 years of age (21 years for certain positions), or if under 18 you must provide required proof of permit to work.

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Classification \_\_\_\_\_ Exp. Date \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No. If No, you must furnish proof that you are eligible to work in the United States.

POSITION(S) APPLIED FOR \_\_\_\_\_

Available to work  Full Time  Part Time  Temporary

NOTE: All full-time positions may require overtime or extended hours.

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

If Yes, give date \_\_\_\_\_ Position \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_ Position \_\_\_\_\_

On what date would you be eligible to work \_\_\_\_\_

Do you have relatives working for the Town of Jonesborough? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, List.

Full Name

Relationship

Town Department

Position

**EDUCATION**

Name and Location	Course of Study	Years Completed	Degree/Certificate Obtained
High School _____			_____ Yes _____ No
Address _____			
College _____			_____ Yes _____ No
Address _____			Describe _____
Vocational _____			_____ Yes _____ No
Address _____			Describe _____

List any honors received \_\_\_\_\_

Describe any specialized training, skills extra curricular activities \_\_\_\_\_

Have you ever had any job related training in the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe (include dates and location) \_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please explain \_\_\_\_\_

Have you been convicted of a crime (felony or misdemeanor), or released on probation or released from a federal, state, or local detention facility in the past: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, and type of job for which you are applying will be considered. If yes, please explain:

Are you presently charged with a pending criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Note: A yes answer will not automatically disqualify you from employment. If yes, please explain fully:

## EMPLOYMENT HISTORY

Current or Last Employer _____ Address _____ Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____ Telephone Number (s) _____ Position Title _____ Supervisor _____ May we contact your Employer?    _____ Yes    _____ No Still Employed?    _____ Yes    _____ No Reason for Leaving _____	DETAIL OF DUTIES
Previous Employer _____ Address _____ Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____ Telephone Number (s) _____ Position Title _____ Supervisor _____ Reason for Leaving _____	DETAIL OF DUTIES
Previous Employer _____ Address _____ Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____ Telephone Number (s) _____ Position Title _____ Supervisor _____ Reason for Leaving _____	DETAIL OF DUTIES

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET

### SPECIAL SKILLS AND QUALIFICATIONS

Detail any special job-related skills and qualifications resulting from employment or other experience that may enhance your ability to perform the duties required.

---



---



---



---



---



---

# REFERENCES

List at least three (3) persons who are not related to you and are not previous employers who have knowledge of your qualifications for the position(s) for which you are applying.

NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

## APPLICANT'S CERTIFICATION

Read Carefully - Initial Each Paragraph Before Signing

I certify that the information I have provided is true and complete to the best of my knowledge. I also understand that any false or misleading information given in my application or subsequent interview, or any significant omission of information may disqualify me from further consideration of employment or generate my dismissal from employment if discovered at a later date.

\_\_\_\_\_ INITIAL

I agree to immediately notify the Town if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while my employment application is pending, or during my period of employment, if hired.

\_\_\_\_\_ INITIAL

I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I also authorized the Town of Jonesborough to contact my present employer (unless otherwise noted in this application) past employers, listed references, or any other contact necessary to obtain relevant information and opinion that may be useful to the Town in making a hiring decision.

\_\_\_\_\_ INITIAL

I understand that I will be required to complete a drug screen and physician examination and I consent to the release to the Town of any and all medical information as may be deemed necessary by the Town in judging my capability to do the work for which I am applying.

\_\_\_\_\_ INITIAL

I understand that in certain Town positions, a Commercial Drivers License (CDL) and certain related certifications are a condition of employment. If I do not have the CDL and related certification, I understand that I will be given thirty (30) days to obtain the license requirements.

\_\_\_\_\_ INITIAL

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_