



# Education

	Elementary					High				College/University				Graduate/Professional			
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities																	

Honors Received:

Veteran of the U.S. military service?  Yes  No If Yes, Branch \_\_\_\_\_

Indicate what foreign languages you speak, read, and/or write.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
 (Exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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

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# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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State any additional information you feel may be helpful to us in considering your application.

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**Agreement**

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.

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 Town.

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Signature of Applicant

Date

**For Personnel Department Use Only**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER DATE

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE