



Application for Employment

Date: _____ / _____ / _____

Social Security Number: _____

Personal Information

Name: _____

Present Address: _____

Permanent Address: _____

Phone: _____ Are you 18 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Employment Desired

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed now? Yes No If so, may we contact your current employer? Yes No

Have you ever applied for a job with the Town of Ferdinand before? Yes No

If so, where? _____ When? _____

Referred by: _____

Education

High School

Name of school	Address	Subjects studied

College

Name of school	Address	Subjects studied

Trade, Business, or Correspondence School

Name of school	Address	Subjects studied

General

Subjects of special study or research work: _____

Special skills: _____

Activities: (civil, athletic, etc.) _____

U.S. Military or Naval service: _____ Rank: _____

Present membership in National Guard or Reserves: _____



Former Employers List below the last three employers, starting with the last one first.

Employer #1 Start date: (month and year) _____ End date: _____

Name of employer: _____ Supervisor: _____

Address: _____

Position: _____ Salary: _____

Reason for leaving: _____

Employer #2 Start date: (month and year) _____ End date: _____

Name of employer: _____ Supervisor: _____

Address: _____

Position: _____ Salary: _____

Reason for leaving: _____

Employer #3 Start date: (month and year) _____ End date: _____

Name of employer: _____ Supervisor: _____

Address: _____

Position: _____ Salary: _____

Reason for leaving: _____

References Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone number	Years acquainted

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the rules and regulations of the Town of Ferdinand, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Town's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town. I understand that no Town representative, other than the Town Council, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature _____ Date _____

Please do not write below this line.

Interviewed by: _____

Date: _____

Remarks: _____

Hired? Yes No

Position: _____

Department: _____

Date reporting to work: _____

Salary/wage: _____

Approved by: _____

Employment manager

Department head

Town manager