

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PLEASE PRINT

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk in Internet Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

P.O. Box _____
NUMBER CITY STATE ZIP

Telephone #'s Home () Cell ()

APPLICANT MUST PROVIDE COPY OF SOCIAL SECURITY CARD AND OFFICIAL IDENTIFICATION AT HIRING

Under 18 years old? Yes No If under 18 years old- hours available to work? _____

Have you previously been employed by the Town of Wellington? Yes No If yes please give dates _____

Are you employed now? Yes No

If hired on what date would you be available for work? _____ Full time Part time Temporary

Have you been convicted of a felony within the last 7 years? Yes No If yes please explain _____
(Conviction will not necessarily disqualify applicant from employment)

Veteran of United States Military? Yes No Branch? _____ Date of Service _____
From To

Drivers License Information:

Class _____ Number _____ Expiration Date _____

REFERENCES

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. Do not repeat names of supervisors listed under Employment Experience.

NAME	ADDRESS	PHONE #	EMAIL	RELATIONSHIP
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

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.

EMPLOYER	TELEPHONE	DATES EMPLOYED		JOB DESCRIPTION
		TO	FROM	
ADDRESS				
JOB TITLE	HOURLY PAY RATE			
	STARTING	FINAL		
REASON FOR LEAVING				
EMPLOYER	TELEPHONE	DATES EMPLOYED		JOB DESCRIPTION
		TO	FROM	
ADDRESS				
JOB TITLE	HOURLY PAY RATE			
	STARTING	FINAL		
REASON FOR LEAVING				
EMPLOYER	TELEPHONE	DATES EMPLOYED		JOB DESCRIPTION
		TO	FROM	
ADDRESS				
JOB TITLE	HOURLY PAY RATE			
	STARTING	FINAL		
REASON FOR LEAVING				
EMPLOYER	TELEPHONE	DATES EMPLOYED		JOB DESCRIPTION
		TO	FROM	
ADDRESS				
JOB TITLE	HOURLY PAY RATE			
	STARTING	FINAL		
REASON FOR LEAVING				

Education

School	Name and Address	Circle last year completed
High School		9 10 11 12 GED
Or		Diploma received?
GED		<input type="checkbox"/> Yes <input type="checkbox"/> No

School	Name and Address and Country	Course of Study	Number of Years Completed	Diploma Received
College				
Or				
University				
Vocational				
Or				
Technical Training				

Other Education, Training or Relevant Experience	List any other education, training, volunteer work. Include dates, names of schools, associates, length of experience, etc.

Special Skills

What skills do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

Check the computer programs you are familiar with and note your skill level as *beginning*, *intermediate* or *advanced*.

Word – Skill Level: _____
 Excel – Skill Level _____
 Access – Skill Level _____
 PowerPoint – Skill Level _____
 Others _____

Can you Type? Yes No Typing Speed _____ WPM.

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- ❖ I certify that all information provided in this employment application is true and complete. If I am selected for interview, I understand that I must inform Town of Wellington of any changes in the information I have provided on this application. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at any later date.

- ❖ I understand that Town of Wellington may conduct an extensive and thorough background investigation.

- ❖ I authorize Town of Wellington and/or any of its agents to verify and investigate any or all statements contained in this application. I also authorize any person, school, current employer (except as previously noted), past employers, law enforcement authorities, and organizations named in this application to provide and release any information and opinions concerning my background. I release such persons and organizations from any legal liability for any damage whatsoever for making such statements.

- ❖ I understand the use of illegal drugs is prohibited during employment. I will be required to successfully pass a drug and alcohol screening examination prior to being hired, and I consent to taking a drug and alcohol test at any time during my employment, should I be hired.

- ❖ I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time.

- ❖ I further certify that I have read and understand the instructions, conditions and other information provided in this document

Signature of Applicant

Date