

**Town of Poland
Application for Employment**

Personal Information	Name		Date	
	Current Address		Home Phone Number	()
			Work Phone Number	()
	Previous Address		Social Security Number	
	Are you prevented from being lawfully employed in the United States?			[] Yes [] No
	Are you 18 years of age or older?			[] Yes [] No
	For reference purposes, have you worked or attended school under a former name? If yes, please list former name:			[] Yes [] No
	Have you ever applied here before? If yes, when?			[] Yes [] No
	Have you ever been employed here before? If yes, when?			[] Yes [] No
Are any relatives currently employed here? If yes, give full name:			[] Yes [] No	
Are you able to perform the essential functions of the job you are applying for? If no, what accommodation would assist you?			[] Yes [] No	
How did you hear about the company?				

Education, Training and Special Skills	Type of School	Name and Location	Did you graduate?	Grade Average	Major/Minor
	High School		[] Yes [] No		
	Trade School or Junior College		[] Yes [] No		
	College or University		[] Yes [] No		
	Graduate School		[] Yes [] No		
	Military or Other		[] Yes [] No		
	Seminars and Classes				
	Professional License or Certification				
Software or Equipment					

Objectives	Employment Preference			
	Position Desired		Earnings Desired	
	Location Desired		Are you available to travel?	[] Yes [] No
			Are you willing to relocate?	[] Yes [] No
Career Objectives				

List employment history for the last 10 years, starting with most recent employment.

Employer		Phone Number ()	
Address		Start Date (month/year)	
		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
Title or Position			
Duties and Responsibilities			
Reason for Leaving			

Employer		Phone Number ()	
Address		Start Date (month/year)	
		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
Title or Position			
Duties and Responsibilities			
Reason for Leaving			

Employer		Phone Number ()	
Address		Start Date (month/year)	
		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Bonus or Incentive	
Title or Position			
Duties and Responsibilities			
Reason for Leaving			

Employment History

Employment history continued - please include the last 10 years.			
Employment History	Employer		Phone Number ()
	Address		Start Date (month/year)
			End Date (month/year)
	Supervisor Name and Phone Number		Starting Salary
			Ending Salary
	May we contact this employer? [] Yes [] No		Last Bonus or Incentive
	Title or Position		
	Duties and Responsibilities		
Reason for Leaving			

Please list references, do not include family members or people who live with you.					
References	Name	Address	Phone Number	Occupation	Years Acquainted

Important, please read carefully and sign.	
Certification	<p>I certify the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any fact in my application can be justification for refusal of employment or if employed grounds for termination.</p> <p>I authorize the company to investigate all statements contained in this application and release all parties from any liability for any damage that may result from furnishing same to you.</p> <p>I understand that my employment may be terminated with or without cause or notice, at any time, at the option of either the Company or myself.</p>
	<p>Signature _____ Date _____</p>