

# Town of Laurel Park

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

### PLEASE PRINT

Position Applied For	Date of Application
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### PERSONAL INFORMATION

Last Name	First Name	Middle Name
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Address (Street number and name)	City	State	Zip Code
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Telephone Number(s)	Email Address
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How did you learn about us?	Last 4 Digits of Social Security Number
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Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date:
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Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date:
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Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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On what day would you be available for work?	Can you travel if a job required it? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you available for work:  Full Time  Part Time  Shift Work  Temporary

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Have you been convicted of an offense, other than a minor traffic violation, within the last 7 years?  Yes  No  
*If yes, please explain fully on additional sheet. The offense will be evaluated in relation to the job for which you are applying.*

### EDUCATION

	Name & City of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extracurricular activities - Include Civilian or Military Training. You may answer with an attachment.

**WORK EXPERIENCE**

**Complete and respond to the following with an attachment or in the space provided**

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1. Current Or Last Employer</b>			Address	
Job Title	Supervisor's Name		Telephone Number	No. Supervised by you
Date Employed (mo/yr)	Starting Salary	Ending/Current Salary	Reason for Leaving	May we Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties that demonstrate your competencies.			
Full Time <i>Years</i> <i>Months</i>				
Part Time <i>Years</i> <i>Months</i>				
If part time, number of hours worked per week:				
<b>2. Last Employer</b>			Address	
Job Title	Supervisor's Name		Telephone Number	No. Supervised by you
Date Employed (mo/yr)	Starting Salary	Ending/Current Salary	Reason for Leaving	May we Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties that demonstrate your competencies.			
Full Time <i>Years</i> <i>Months</i>				
Part Time <i>Years</i> <i>Months</i>				
If part time, number of hours worked per week:				
<b>3. Employer</b>			Address	
Job Title	Supervisor's Name		Telephone Number	No. Supervised by you
Date Employed (mo/yr)	Starting Salary	Ending/Current Salary	Reason for Leaving	May we Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties that demonstrate your competencies.			
Full Time <i>Years</i> <i>Months</i>				
Part Time <i>Years</i> <i>Months</i>				
If part time, number of hours worked per week:				

**ADDITIONAL INFORMATION**

**Complete and respond to the following with an attachment or in the space provided**

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Driver's License #	State	
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**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience. Examples include but are not limited to certifications, typing (WPM), software knowledge, or equipment.

**References:** List three persons, not related to you, whom you have known at least one year.

Name	Address or Business	Phone #	Years Acquainted
1.			
2.			
3.			

**Unsigned Applications Will Not Be Reviewed**

I understand that falsified statements on this application are justification for refusal or termination at any time of Town of Laurel Park employment. I authorize investigation of my personal history and statements contained in this application as may be necessary in arriving at an employment decision.

IF HIRED, I UNDERSTAND THAT ON THE FIRST DAY OF EMPLOYMENT I WILL HAVE TO PROVIDE TWO (2) PIECES OF IDENTIFICATION TO PROVE LEGAL ELIGIBILITY TO WORK IN THE UNITED STATES.

I understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Notes:**