

TOWN OF TAYLORTOWN

Employment Application

(Social Security Number for Record keeping and Data Processing Only)

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				County		
City			State			ZIP
Phone			E-mail Address			
Date Available			Social Security No.			Desired Salary
Position Applied for						
Check the type of work you will accept:	<input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Temporary full-time <input type="checkbox"/> Temporary part-time <input type="checkbox"/> Any of the preceding <input type="checkbox"/> Work involving travel Earliest date you can be available: _____					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Are you related to a Town employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give name and relationship			

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

Special training programs and seminars you have completed in the last five years (list):

Current Professional Status:

Registration _____ State _____ Number _____
 Registration _____ State _____ Number _____

List any and all memberships in professional organizations or societies:

Licenses and certifications (List, giving dates and sources of issuance): _____

SKILLS

Check the following skills, experiences, etc, which you have:

<input type="checkbox"/> Driver's License _____	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Microsoft Excel
Number _____ State _____	<input type="checkbox"/> Foreign Language (specify) _____	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> CDL License _____	<input type="checkbox"/> Calculator	<input type="checkbox"/> Typing
Number _____ State _____	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Other _____

WORK HISTORY

Current or last Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Major Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Major Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Major Responsibilities			

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

MILITARY SERVICE

Branch		From	To
Type of Discharge		Member of Military Reserves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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**DRUG/ALCOHOL FREE WORKPLACE
 DRUG SCREENING THROUGH URINALYSIS
 APPLICANT CONSENT**

1. I understand that as part of the pre-employment process as required by the Town of Taylortown, I must submit to a urinalysis drug screening.
2. I hereby voluntarily consent to and authorize this test for the purpose of screening for the presence of illegal and unauthorized drugs.
3. I hereby authorize the release of the results of this test to Town of Taylortown officials.
4. I will notify the specimen collector concerning all current and recent use by me of prescription and over the counter medications at the time of the urine test.
5. I understand:
 - a. That a negative result from this screening is a condition of employment.
 - b. That refusal to take the test will result in my no longer being considered as a candidate for employment in the position sought.
 - c. That I may request a retest, at my own expense, of the same sample in the event of a positive test result.

Applicant Signature: _____
 Date: _____

If you are below 18 years of age:

Signature of Consenting Parent/Legal Guardian: _____

HOW DID YOU LEARN OF THIS OPENING
Check Sources Below

- Newspaper (which one) _____
- Employment Security Commission
- Town of Taylortown Website / Job Posting
- Referred by Current Employment
- Other: _____

CERTIFICATION AND RELEASE – This application MUST be signed and dated below to be considered.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Applicant Signature: _____ Date: _____

Thank you for applying with the Town of Taylortown