APPLICATION FOR EMPLOYMENT

The Town of Jamestown is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.
We participate in the Workers' Compensation System.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-In

☐ Employment Agency ☐ Relative ☐ Other _____

Last Name	First Name	Middle Name	
Street	City	State	Zip Code
Telephone Number(s)		Social Security Number	

	YES	NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐	☐
Have you ever filed an application with us before?	☐	☐
If yes, give date_____		
Have you ever been employed with us before?	☐	☐
If yes, give date_____		
Are you currently employed?	☐	☐
May we contact your present employer?	☐	☐
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment*	☐	☐
On what date would you be available for work?	_____	
Are you currently on "lay-off" status and subject to recall?	☐	☐
Can you travel if a job requires it?	☐	☐
Have you been convicted of a felony within the last 7 years? *Conviction will not necessarily disqualify an applicant from employment.*	☐	☐

If yes, please explain_____

_____

_____

_____

EMPLOYMENT EXPERIENCE

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

1.	Employer	Dates Employed		WORKED PERFORMED
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed		WORKED PERFORMED
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed		WORKED PERFORMED
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed		WORKED PERFORMED
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

EDUCATION

	Elementary					High				Graduate/ Professional			
School Name													
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4
Diploma/Degree													
Describe Course of Study:													
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities													

Honors Received: State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____