APPENDIX C

**Application For Employment**

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| --- |
| We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran status, sexual orientation, or any other legally protected status.  |

 **(Please Print)**

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| --- | --- |
| Position(s) Applied For: | Date Of Application: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Date Available For Work: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| How Did You Learn About Us?* Advertisement
* Friend
* Walk-In
 |  |
| * Employment Agency
* Relative
* Other
 |
| Last Name First Name Middle Name |
| Address City State Zip Code |
| Telephone Number( )Email Address | Social Security Number | |  |

|  |  |  |
| --- | --- | --- |
| Have you ever been employed with the Town of Philipsburg before?If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |
| Are you currently employed? | Yes\_\_\_\_\_\_\_\_ | No\_\_\_\_\_\_\_\_ |
| May we contact your present employer? | Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |
| 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)* | Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |
| Are you available to work:**Full Time\_\_\_\_\_\_\_\_\_ Part Time\_\_\_\_\_\_\_\_\_ Shift Work\_\_\_\_\_\_\_\_\_ Temporary\_\_\_\_\_\_\_\_\_** |
| Are you currently on “lay-off status” and subject to recall? | Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |
| Can you travel if a job requires it? | Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |
| Have you been convicted of a felony within the last 7 years? | Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |
| If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name & Address of School | Course of Study | Years Completed | Diploma/Degree |
| Elementary School |  |  |  |  |
| High School |  |  |  |  |
| Undergraduate College |  |  |  |  |
| Graduate/Professional |  |  |  |  |
| Other |  |  |  |  |

Indicate any foreign language you can speak, read, and/or write:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fluent | Good | Fair |
| Speak |  |  |  |
| Read |  |  |  |
| Write |  |  |  |

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any job-related training received in the United States Military:

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**Additional Information**

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experiences:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Specialized Skills**

Check Skills/Equipment Knowledge:

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| --- | --- | --- | --- |
| * CRT
* PC
* Calculator
 | * Ten Key Calculator
* Typewriter
* Fax
 | * Multi Line Phone
* PBX System
* Black Mountain Software
 | * Excel
* Power Point
* Outlook
* Microsoft Word
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Please list any additional products and machinery:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the Activities involved in such a job or occupation is attached.

|  |  |
| --- | --- |
| Yes\_\_\_\_\_\_\_\_  | No\_\_\_\_\_\_\_\_ |

**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, disabilities, or other protected status.

|  |  |
| --- | --- |
| Employer | Dates Employed |
| From | To |
|  |  |
| Address | Hourly Rate/Salary |
| Start | End |
|  |  |
| Job Title | Supervisor |
| Work Performed

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| Reason For Leaving |

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| Employer | Dates Employed |
| From | To |
|  |  |
| Address | Hourly Rate/Salary |
| Start | End |
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| Job Title | Supervisor |
| Work Performed

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| Reason For Leaving |

**Employment Experience, Continued**

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| --- | --- |
| Employer | Dates Employed |
| From | To |
|  |  |
| Address | Hourly Rate/Salary |
| Start | End |
|  |  |
| Job Title | Supervisor |
| Work Performed

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| Reason For Leaving |

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| --- | --- |
| Employer | Dates Employed |
| From | To |
|  |  |
| Address | Hourly Rate/Salary |
| Start | End |
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| Job Title | Supervisor |
| Work Performed

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| Reason For Leaving |

**References**

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| 1. Name | Phone Number | Address |
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| 2. Name | Phone Number | Address |
|  |  |  |
| 3. Name | Phone Number | Address |
|  |  |  |

List professional, trade, business, or civic activities and offices held:
*(You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 to arrive at an employment decision.

This application for employment shall be considered active for a period not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time should enquire as to whether applications are being accepted at that time.

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 Town of Philipsburg.

 **Signature of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_