TOWN OF SUMMERDALE

Employment Application

Please forward the completed employment application to townclerk@summerdaleal.com

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. The Town of Summerdale is an equal opportunity employer.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address or P.O. Box Apartment/Unit #

_____
City State ZIP Code

Phone: (_____) _____ E-mail Address: _____

Social Security No.:_____ Desired Salary: $_____

Position Applied for: _____ Referred By: _____

Are you a citizen of the United States? ☐Yes ☐No If no, are you authorized to work in the U.S.? ☐Yes ☐No

Have you ever worked for the Town of Summerdale? ☐Yes ☐No If yes, when? _____

Have you ever been convicted of a crime? ☐Yes ☐No If yes, explain: _____

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

State name and relationship of any relatives employed with the Town of Summerdale: _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance? ☐Yes ☐No

On what date would you be available to begin work? _____

Education

High School: _____ Address: _____

From: _____ to _____ Did you graduate? ☐Yes ☐No Degree: _____

College: _____ Address: _____

From: _____ to _____ Did you graduate? ☐Yes ☐No Degree: _____

Other: _____ Address: _____

From: _____ to _____ Did you graduate? ☐Yes ☐No Degree: _____

Special training/skills/crafts: _____

Activities: (civic, athletic, etc.) _____

Motor Vehicle License Information

Do you possess a valid driver's license? ☐Yes ☐No If yes, provide State: _____ Driver's License No. _____

Has your license ever been revoked or suspended? ☐Yes ☐No If yes, explain: _____

Additional Information

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

_____

_____

_____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor? ☐Yes ☐No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor? ☐Yes ☐No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $_____ Ending Salary: $_____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor? ☐Yes ☐No

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. By my signature below, I authorize investigation of all statements contained in this application including previous work history, educational records, military service; and law enforcement or criminal records. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that I must be able to perform the essential functions of the position for which I am making application for employment with or without reasonable accommodations. I understand that if I am hired by the Town of Summerdale, my employment is "at will", which means that my employment is for no definite period and the Employer may discharge the Employee at any time with or without cause.

DRUG AND ALCOHOL SCREENING: I understand that the Town of Summerdale is a drug-free workplace and that an offer of employment is conditioned upon testing negative for alcohol and controlled substances and, as an employee I will be subject to random drug and alcohol testing.

Signature: _____ Date: _____