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| **Last Name** | **First Name** | **Middle Name** |
| **Application for Position of:** | **Date Available to Start:**  | **E-mail address** |
| **Present Address (number, street, state, zip code)**  | **Home Phone** ( ) - |
| **Mailing Address (If different from above) (number, street, city, state, zip code)** | **Work Phone**( ) -  |

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| Are you over age 18? Yes No Are you legally eligible for employment in the United States? Yes NoDo you have a valid driver’s license? Yes No Are you a Veteran? Yes No Are you able to perform the essential functions of the job description of the position with or without reasonable accommodations? Yes No What reasonable accommodation, if any, would you require? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EDUCATION AND TRAINING** |
| Do you have a high school diploma, HSED or GED?  Yes No  | Name and Location of High School |

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| **TRAINING BEYOND HIGH SCHOOL:**(College/University/Technical/Vocational School Name and Address) | Major Course Studied | Graduated or degree (Y or N) | Credits Earned |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |

**SKILLS** Please list any additional skills you have that are appropriate for the position. |

 Town of Washington

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| **WORK EXPERIENCE** Provide a complete description of employment occurring over the past 10 years. |

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| **Present or Last Employer** | Kind of Business | Street Address |
| Your Title(s) | Reason for Leaving | City, State, Zip Code |
| Your Duties | Name of Supervisor |
| Total Time Employed Full time Part time |
| From (Month/Year) | To (Month/Year) |
| Check One: Monthly Salary Beginning $\_\_\_\_\_\_\_\_  Hourly Salary Ending $\_\_\_\_\_\_\_\_ |
| **2) Employer** | Kind of Business | Street Address |
| Your Title(s) | Reason for Leaving | City, State, Zip Code |
| Your Duties | Name of Supervisor |
| Total Time Employed Full time Part time |
| From (Month/Year) | To (Month/Year) |
| Check One: Monthly Salary Beginning $\_\_\_\_\_\_\_\_  Hourly Salary Ending $\_\_\_\_\_\_\_\_ |
| **3) Employer** | Kind of Business | Street Address |
| Your Title(s) | Reason for Leaving | City, State, Zip Code |
| Your Duties | Name of Supervisor |
| Total Time Employed Full time Part time |
| From (Month/Year) | To (Month/Year) |
| Check One: Monthly Salary Beginning $\_\_\_\_\_\_\_\_  Hourly Salary Ending $\_\_\_\_\_\_\_\_ |

May we communicate with your present employer? Yes No

May we communicate with your past employers? Yes No

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| **OTHER EXPERIENCE** Describe any education or training which is not covered above, such as correspondence courses, in-service training or volunteer work which you feel is relevant to the job for which you are applying.  |
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| **REFERENCES** |

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| --- | --- | --- |
| Name | Address | Telephone |
| Name | Address | Telephone |
| Name | Address | Telephone |

|  |  |
| --- | --- |
| Signature | Date Signed |

Information furnished on this application is subject to verification. This information will be used to determine your qualifications. Misrepresentation of data could result in rejection as a candidate or subsequent dismissal if employed.

**Return to:**

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| It is the policy of the Town of Washington to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. |