EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Date:	
Position(s) Applied For:	
Name:	
Address:	
Date of Birth:	Have You Worked For Town in Past?
Home Phone:	Message Phone:
If employed, when could you begin work?	Driver's License No.:
Do You Have a Valid Driver's License?	Driver's License No.:
Issuing State:	Expiration Date:
Commercial Driver's License? CDL No	Class of Commercial License:
If you are/were required to register for the Select	tive Service, have you done so?
If no, state reason:	
Have you ever pleaded quilty to or been convicted	d of a misdemeanor? a felony?
If yes, state type and date:	
,,	
EDUC	ATION RECORD
Name and location of last elementary or high scho	ool attended:
•	Location:
Highest Grade Completed:	Date Completed:
	a high school equivalency diploma (GED)?
	a mgm 30.1001 equivalency alpionia (02.27).
Name and location of college or other institution:	
Year of Degree: Type of Degree:	Major & Minor Fields of Study:
	am in the near future, please indicate the type of degree and
when you expect to receive it?	
Please list professional memberships, certificates.	licenses, honors, fellowships, etc.:
The second secon	
DEDSOI	NAL REFERENCES
PLRSOI	MAL RLI LRLINCLS
Name:	Name:
Address:	Address:
City, State, Zip:	
Phone No.:	
(Persons not related to you who know your qualifications or kn	now your character.)

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION

Work History: Give a complete record of your employment history including part time work, military service and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. Additional experience forms are available, if needed.

Company/Employer:	
Address:	Dates employed to to
Dhono	
Phone:Immediate Supervisor:	
Title:	
Your name if different from present:	Starting Salary: Last Salary
Company/Employer:	
Address:	Dutios
Phone:	
Immediate Supervisor:	
Title:	
Your name if different from present:	Starting Salary: Last Salary
Company/Employer:	Full-time Part-time Title
Address:	Dates employed to
	Dutios
Phone:	
Immediate Supervisor:	
Title:	Reason for Leaving:
Your name if different from present:	Starting Salary: Last Salary
	s and skills (i.e., skills with construction or office equipment, in that you feel will help us to evaluate your application.
Job Applicant's Certifica	ation & Authorization of Release of Information
in this application is true in all respects. I away, I am subject to dismissal without notice presentation of this release or copy hereof,	Town of Stephens City and I certify that the information given by managree, if I am employed and information is found to be false in any lice. I am aware that my background is to be investigated and, upon I hereby authorize you to furnish the Town of Stephens City and work performance, driving record, school record, my credit status and
	ccess to any information give in confidence to the Town of t investigation. I hereby release you, your organization or others from com furnishing the information requested.
 Date	Signature of Applicant

[&]quot;Providing quality services to our citizens in a cost-effective, efficient and courteous manner, while anticipating the future needs of our community."