

TOWN OF WINSLOW JOB APPLICATION		PAGE 1 OF	
Date (month, day, year)		Social Security Number (Please enter last four (4) digits only XXX-XX-_____)	
Name (last, first, middle)			
Present address (number and street, city, state, and ZIP code)			
Permanent address (number and street, city, state, and ZIP code)			
Primary telephone number ()		Alternate telephone number ()	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, explain in full. (Attach additional sheet, if necessary)	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what type? <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffeur	
EMPLOYMENT DESIRED			
Position for which you are applying		Date you can start (month, day, year)	
Are you currently employed?		Salary desired	
If so, may we contact your present employer			
Have you ever applied to here before?		Where?	
When?			
Work preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No preference			
EDUCATION			
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	LAST YEAR COMPLETED	DID YOU GRADUATE?
			SUBJECT STUDIED AND CERTIFICATE, DIPLOMA, DEGREE RECIEVED
Describe any special studies, skills, and experiences, or foreign language abilities that could enhance your job performance.			
PHYSICAL RECORD (do you have any physical condition which may limit your ability to perform the job for which you are applying?)			
This question is voluntary, and any answers will be kept confidential.			

EMPLOYMENT HISTORY <i>(List your last four employers starting with the most recent)</i>				PAGE 2	OF _____
Name of employer and address:		Position title, duties, and skills	Start date <i>(mm/dd/yyyy)</i>	End date <i>(mm/dd/yyyy)</i>	
			Reason for leaving:		
Pay: \$	Per:	Name of supervisor	Telephone: ()		
Name of employer and address:		Position title, duties, and skills	Start date <i>(mm/dd/yyyy)</i>	End date <i>(mm/dd/yyyy)</i>	
			Reason for leaving:		
Pay: \$	Per:	Name of supervisor	Telephone: ()		
Name of employer and address:		Position title, duties, and skills	Start date <i>(mm/dd/yyyy)</i>	End date <i>(mm/dd/yyyy)</i>	
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Name of employer and address:		Position title, duties, and skills	Start date <i>(mm/dd/yyyy)</i>	End date <i>(mm/dd/yyyy)</i>	
			Reason for leaving:		
Pay: \$	Per:	Name of supervisor	Telephone: ()		
MILITARY SERVICE					
Branch of service		Period of active duty From TO		Pay grade at discharge	
Describe duties / specialized training.					
ORGANIZATIONS AND VOLUNTEER ACTIVITIES <small>(List responsibilities and offices)</small>					
Branch of service		Period of active duty From TO		Pay grade at discharge	
Describe duties / specialized training.					
REFERENCES <small>(Give below the names of three persons not related to you, whom you have known at least one year)</small>					
Name	Address	Telephone Number	Business	Years Acquainted	
I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.					
Signature			Date (month, day year)		