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|---|---|--|-------------------|---|
| 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) | | |
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| | | | | |
| 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) | Salary desired | | |
| Are you currently employed? | 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 RECEIVED |
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| Describe any special studies, skills, and experiences, or foreign language abilities that could enhance your job performance. | | | | |
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| 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. | | | | |
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EMPLOYMENT HISTORY *(List your last four employers starting with the most recent)*

PAGE 2 OF _____

| | | | | |
|-------------------------------|--|------------------------------------|-------------------------|-----------------------|
| Name of employer and address: | | Position title, duties, and skills | Start date (mm/dd/yyyy) | End date (mm/dd/yyyy) |
| Pay: \$ | | Per: | Reason for leaving: | |
| Name of employer and address: | | Position title, duties, and skills | Start date (mm/dd/yyyy) | End date (mm/dd/yyyy) |
| Pay: \$ | | Per: | Reason for leaving: | |
| Name of employer and address: | | Position title, duties, and skills | Start date (mm/dd/yyyy) | End date (mm/dd/yyyy) |
| Pay: \$ | | Per: | Reason for leaving: | |
| Name of employer and address: | | Position title, duties, and skills | Start date (mm/dd/yyyy) | End date (mm/dd/yyyy) |
| Pay: \$ | | Per: | Reason for leaving: | |
| Name of employer and address: | | Position title, duties, and skills | Start date (mm/dd/yyyy) | End date (mm/dd/yyyy) |
| Pay: \$ | | Per: | Reason for leaving: | |

MILITARY SERVICE

| | | |
|---|----------------------------------|------------------------|
| Branch of service | Period of active duty From TO | Pay grade at discharge |
| Describe duties / specialized training. | | |

ORGANIZATIONS AND VOLUNTEER ACTIVITIES *(List responsibilities and offices)*

| | | |
|---|----------------------------------|------------------------|
| Branch of service | Period of active duty From TO | Pay grade at discharge |
| Describe duties / specialized training. | | |

REFERENCES *(Give below the names of three persons not related to you, whom you have known at least one year)*

| Name | Address | Telephone Number | Business | Years Acquainted |
|------|---------|------------------|----------|------------------|
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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.

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|-----------|------------------------|
| Signature | Date (month, day year) |
|-----------|------------------------|