
Town of Wilson Creek Employment Application

All statements made by applicants for employment purposes are subject to verification.

The Town of Wilson Creek is an equal opportunity employer and shall not discriminate against an employee or application for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability, unless based upon a bona fide occupational qualification. If you believe you have been discriminated against, please notify the mayor immediately.

Read application carefully. All questions must be completed in ink and applications must be signed in all designated places. Failure to comply with these instructions will cause application to be rejected.

Today's Date: _____ Date you would be available to begin work: _____

Position for which you are applying: _____

Name: _____
Last First Middle Initial

Address: _____
Number Street City, State & Zip

Telephone: _____ Email: _____

Driver's License Number: _____ State Issued: _____

Social Security Number: _____

Are you a legal citizen of the US, or do you have a visa permitting you to work in the US? ___ Yes ___ No

Please attach a résumé listing all employment you consider relevant to this application and your educational history along with three personal references who are not former employers.

NOTE: In accordance with federal law, if hired you will be required to furnish documentary proof of work authorization and identity within 24 hours of employment. Attestation forms will be provided by the Town and designated documents will be identified prior to hiring.

The facts set forth in this application are true and complete. I understand that if qualified for examination, or employed, false statements on this application shall be considered cause for dismissal.

Applicant's signature

Date

Town of Wilson Creek Employment Application

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.

Referral source(s): Advertisement Friend/Relative Walk-in Employment agency
 Other: _____

If employed and you are under the age of 18, can you furnish a work permit? Yes No N/A

Have you filed an application with the Town before? Yes No If yes, give date(s):

Have you been employed by the Town before? Yes No If yes, give date(s):

Are you employed now? Yes No May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Proof of citizenship or immigration status may be required upon employment. Yes No

Are you available to work... Full Time Part Time Shift Work Temporary

Are you currently on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you a veteran of the US Military? Yes No If yes, which branch? _____

Have you been convicted of a felony within the last seven (7) years? Yes No
Conviction will not necessarily disqualify applicant from employment.

If yes, please explain: _____

Please list professional, trade, business, or civic activities and offices held (attach additional sheet if needed):

Please supply name, address, and telephone number of three (3) references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Town of Wilson Creek Employment Application

Please indicate languages in which you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 5+	1 2 3 4 5+
Diploma/Degree Earned				
Course of Study				
Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors received:

Please state any additional information you feel may be helpful to us in considering your application:

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans,
and Individuals With Physical or Mental Handicaps**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified as such, please check those applicable and sign below.

- Handicapped individual
 Disabled veteran
 Vietnam era veteran

Applicant's signature

Date

Town of Wilson Creek Employment Application

Employment History

Please begin with your current or most recent job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex, or national origin.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

Town of Wilson Creek Employment Application

Applicant's Statement

I certify that answers and information given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town.

Applicant's signature

Date

For Personnel Department Use Only
--

Arrange Interview? Yes No

Remarks: _____

Interviewed By: _____ Date: _____

Employed? Yes No Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____ Department: _____

Hired By: _____ Date: _____

Town of Wilson Creek Employment Application

RELEASE OF INFORMATION AUTHORIZATION AND LIABILITY WAIVER

The execution of this release and waiver may result in giving up valuable legal rights.
You may wish to consult with an attorney before signing.

The following release and waiver is not required to be signed.
However, if you do not sign the release and waiver, it may be considered negatively in the selection process.

I hereby direct and authorize the release of any and all records of employment, employment history, and personnel information which may be in possession of any prior employer who is identified on this application for employment.

I hereby authorize and direct any prior employer who is identified on this application for employment to provide answers to the inquiries of the Town of Wilson Creek concerning my employment, conduct as an employee, circumstances of leaving, fitness for prior employment, work history, work habits, ability to work well with others, and the like, without limitation. By execution of this authorization for release of information and liability waiver, I understand that I am agreeing to hold both the Town of Wilson Creek and any prior employer who responds to the inquiries of the Town of Wilson Creek harmless from any demand, cause of action, or claim, whether in contract or tort, including defamation, tortious interference with a contractual relationship, and emotional upset or distress.

This authorization for release of information and liability waiver shall be of the same effect whether this original or a photocopy of this original.

Applicant's signature

Date

STATE OF _____

County of _____

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned above.

Dated: _____

Notary Public for the State of _____

My Commission expires: _____