

TOWN OF ALDEN APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis involving race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date _____

Name _____
Last
First
Middle

Present Address _____
Street
City
State
Zip

Permanent Address _____
Street
City
State
Zip

Phone No. _____

Referred By _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? Yes No If So May We Inquire of Your Present Employer? Yes No

Ever Applied to this Municipality Before? Yes No Where? _____ When? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree Received
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Activities Other Than Religious
(Civic, Athletic, etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, COLOR OR NATIONAL ORIGIN OF THE MEMBERS.

FORMER EMPLOYERS List below your last four employers, starting with the last one first

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES List below three persons not related to you, whom you have known at least one year

	Name	Address	Position	Years Acquainted
1.				
2.				
3.				

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal.

Date _____ Signature _____

In case of
Emergency Notify _____
Name

Address _____ Phone No. _____

DO NOT WRITE BELOW THIS LINE —OFFICE USE ONLY

Interviewed By _____ Date _____

REMARKS:

Hired _____ For Dept. _____ Position _____ Wages _____

Approved _____ Employment Manager _____ Dept. Head _____