



TOWN OF DOUGLAS

APPLICATION FOR EMPLOYMENT

Date of Application _____

Position(s) Applied for _____ salary desired _____

Referral Sources: advertisement employment agency job posting
 friend / relative walk-in other

PERSONAL

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Mailing Address (if different) _____
Number Street City State Zip Code

Phone Number: _____ Email address: _____

In case of emergency notify: _____

GENERAL INFORMATION

If employed and you are under 18,

Can you furnish a work permit? yes no
Have you filed an application in the Town of Douglas before? yes no If yes, give date: _____

Have you ever been employed in the Town of Douglas before? yes no If yes, give date: _____

Are you employed in the Town of Douglas now? yes no May we contact your present employer? yes no

Can you, after employment, submit verification of your legal right to work in the United States? yes no

EDUCATION, TRAINING & EXPERIENCE

| Source | Name & Location of School | Diploma/Degree Certificate |
|--|---------------------------|----------------------------|
| High School | _____ | _____ |
| Business, Technical, or Correspondence | _____ | _____ |
| College & Graduate Schools | _____ | _____ |

Special Courses, Training _____

Manual: List licenses you possess (Motor Vehicle Operator, CDL, Class I II III, Hoisting, Engineer, etc.)
Clerical: List office machines you can operate (computer/programs, fax, etc.)

The Town of Douglas is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally

protected status.

ADDITIONAL INFORMATION

Other Qualifications

Please list any other skills or qualifications you may have acquired from other employment or experience.

REFERENCES

Please list the names of three (3) persons, not related to you, whom you have known at least one year.

| | | | | |
|----|-------|---------|-------|-------------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Address | Phone | Years Known |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Address | Phone | Years Known |
| 3. | _____ | _____ | _____ | _____ |
| | Name | Address | Phone | Years Known |

AGREEMENT

The information provided in this application for employment is true and complete to the best of my knowledge. In the even of employment, I understand that false or misleading information given in my application or interview may result in discharge. Further, if hired I agree to take a physical exam as required under the Town's Personnel Bylaw if applicable to my employment. I understand that any offer of employment may be contingent upon the physician's opinion. I also understand that any employment offer is conditional on my ability to establish eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of information regarding education and past employment.

Signature

Date