



TOWN OF JAMESTOWN

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date of Application _____

Last Name First Name Middle Name

Address City State Zip

Telephone Number Social Security Number

How did you learn about this vacancy?
 Walked in/inquired Ad in newspaper or journal
 Job Hotline, TV Spot or Internet College or private placement service
 Employment Security Commission Town Employee
 Town Webpage Other? _____

Driver's License Information:
License no. _____ State _____ Expiration Date _____

Class A B C CDL (Commercial Driver's License)

Are you currently employed? _____ yes _____ no

May we contact your present employer? _____ yes _____ no

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary

Have you ever been convicted of a felony? _____ yes _____ no

If yes, explain _____

Federal law requires all U.S. male citizens to register for the draft (Selective Service) at age 18. Are you in compliance with federal draft registration requirements?
_____ yes _____ no

EDUCATION

Years Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Elementary School Name_____

Location_____

Middle School Name_____

Location_____

High School Name_____

Location_____

College / University Name_____

Location_____

Course of Study _____

Degree(s)_____

Describe any honors you have received: _____

REFERENCES

Give name, address, and telephone number of three references who are not related to you.

1. _____

2. _____

3. _____

Have you ever been in the United States military service? _____yes _____no

If yes, describe any job related training you may have had:

Describe any special skills or qualifications you have acquired:

EMPLOYMENT EXPERIENCE

Start with your present job and proceed to previous employment.

Current or Most Recent Job Employer _____

Date Employed _____	Mailing Address _____
Date Separated _____	City _____ State _____ Zip _____
Full Time _____	Your Title: _____
Part Time _____	Duties _____
Number You Supervised _____	_____
Last Salary: \$ _____ Per _____	Reason for Leaving _____

Next Most Recent Job Employer _____

Date Employed _____	Mailing Address _____
Date Separated _____	City _____ State _____ Zip _____
Full Time _____	Your Title: _____
Part Time _____	Duties _____
Number You Supervised _____	_____
Last Salary: \$ _____ Per _____	Reason for Leaving _____

Next Most Recent Job Employer _____

Date Employed _____	Mailing Address _____
Date Separated _____	City _____ State _____ Zip _____
Full Time _____	Your Title: _____
Part Time _____	Duties _____
Number You Supervised _____	_____
Last Salary: \$ _____ Per _____	Reason for Leaving _____

Next Most Recent Job Employer _____

Date Employed _____	Mailing Address _____
Date Separated _____	City _____ State _____ Zip _____
Full Time _____	Your Title: _____
Part Time _____	Duties _____
Number You Supervised _____	_____
Last Salary: \$ _____ Per _____	Reason for Leaving _____

Next Most Recent Job Employer _____

Date Employed _____	Mailing Address _____
Date Separated _____	City _____ State _____ Zip _____
Full Time _____	Your Title: _____
Part Time _____	Duties _____
Number You Supervised _____	_____
Last Salary: \$ _____ Per _____	Reason for Leaving _____

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete to the best of my knowledge.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEWS MAY RESULT IN DISCHARGE.

Signature of Applicant

Date

EMPLOYMENT WITH TOWN OF JAMESTOWN IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING TEST TO BE ADMINISTERED AFTER AN OFFER OF EMPLOYMENT IS MADE. SUCCESSFUL COMPLETION OF THE TEST MEANS THAT THE PERSON TESTED NEGATIVE FOR ILLEGAL DRUGS OR SUBSTANCE ABUSE.

ALL APPLICANTS WILL BE REQUIRED TO FURNISH CURRENT CRIMINAL AND DRIVERS LICENSE RECORD.