



Application for Employment

The Town of Springdale considers all applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Please print or type:

Position(s) Applied For:		Date of Application:	
Last Name	First Name	Middle Initial	
Address	City	State	Zip
Home Phone	Work Phone	E-Mail	Social Security Number

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever been employed by us? Yes No

If yes, please give date and position. _____
Date Position

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the U.S. because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available to start work? _____
Date

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

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

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please give the details:
 In what jurisdiction did the conviction take place? _____

What was the nature of the conviction? _____

What was the date of the conviction? _____

Education

	High	University/ College	Professional/ Graduate
School Name	_____	_____	_____
Location	_____	_____	_____
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	_____	_____	_____

Describe course of study: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you received: _____

State any additional information you feel may be helpful to us in considering your application: _____

List professional, trade, business or civic activities and offices held:

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

Give name, address and phone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

Have you ever had job-related training in the United States military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military experience. You must exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer _____ Dates Employed _____ to _____
Address _____ City _____ State/ZIP _____
Phone Number _____ Supervisor _____
Job Title _____ Wage/Salary: Start _____ Final _____
Work Performed _____ _____
Reason for Leaving _____
Employer _____ Dates Employed _____ to _____
Address _____ City _____ State/ZIP _____
Phone Number _____ Supervisor _____
Job Title _____ Wage/Salary: Start _____ Final _____
Work Performed _____ _____
Reason for Leaving _____
Employer _____ Dates Employed _____ to _____
Address _____ City _____ State/ZIP _____
Phone Number _____ Supervisor _____
Job Title _____ Wage/Salary: Start _____ Final _____
Work Performed _____ _____
Reason for Leaving _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

APPLICANT'S STATEMENT

I certify that answers 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized member of the Town specifically acknowledges such change in writing.

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 employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks: _____

Employed Yes No Employment Start Date _____

Job Title _____ Rate/Salary _____

By _____ Date _____

Name and Title