TOWN OF BELGRADE **EMPLOYMENT APPLICATION**

PRE-SERVICE QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: PLEASE PRINT AND FILL OUT COMPLETELY. Date **PERSONAL INFORMATION** Name: Soc. Sec. No._____ First Initial Last Mailing Address: City/Town State Zip Code Street Address: City/Town State Zip Code Telephone Numbers Evening Daytime Mobile Are you over 18 years old? O Yes O No Have you ever been employed by this town? O Yes O No If Yes, when? From_____Position_____ Are you either a U.S. Citizen or do you have the legal right to work in the United States? O Yes O No Valid State License/ID # _____ Expires _____ Who referred you to us? _____ Are you a veteran? O Yes O No Branch of Service______Final Rank _____ EDUCATION : Years Name/Location Degree Received/Major Field Completed High School College Trade. Business or Correspondence School Other

List any special skills, special studies/research work or training you possess (machine operator, mechanical skills, computer operator, etc.

POSITION DESIRED:

Position Salary Desired When Available

EMPLOYMENT HISTORY / EXPERIENCE

Are you currently employed? O Yes O No If yes, may we contact your present employer? O Yes O No In the table below, list your last three employers starting with the most recent.

| EMPLOYER | DATES (MO/YR) | JOB TITLE | REASON FOR LEAVING |
|----------|------------------|-----------|--------------------|
| Name | From | | |
| Address | То | | |
| Name | From | | |
| Address | То | | |
| Name | From | | |
| Address | То | | |

REFERENCES

List three persons, not related to you, who have known you for at least one year.

| Name | Address | Phone |
|------|---------|-------|
| Name | Address | Phone |
| Name | Address | Phone |
| | | |

Are you willing to submit to a background check? O Yes O No Are you willing to submit to a drug screen? O Yes O No

Have you ever been convicted of a felony or other crimes? O Yes O No (Responding Yes does not automatically disqualify you from employment.) If you answered Yes, please explain the circumstances_____

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, falsified statements and omissions on this application shall be grounds for disqualification or if employed, dismissal. I authorize investigation of all statements contained herein and the references and employers listed to give you all information concerning my previous employment or service and any pertinent information they may have, personal or otherwise, and release the municipality from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized municipal representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

| Date | | | | | | Signature | | | |
|-------------------|------------------------------|-------|----------|-------|--------|-----------|--|--|--|
| | DO NOT WRITE BELOW THIS LINE | | | | | | | | |
| INTER Intervie | | OTES | | | | | | | |
| by | Date | | | | | | | | |
| | Remarks Neatness | | | | Char | acter | | | |
| | Personality | | | | Abilit | es | | | |
| | Hired | Dept. | Position | Start | Date | Pay Rate | | | |
| | | | | | | | | | |

APPROVED: 1

HIRING MANAGER

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