

**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. \_\_\_\_\_  
Last First Initial

Mailing Address: \_\_\_\_\_  
City/Town State Zip Code

Street Address: \_\_\_\_\_  
City/Town State Zip Code

Telephone Numbers \_\_\_\_\_  
Daytime Evening Mobile

Are you over 18 years old?  Yes  No Have you ever been employed by this town?  Yes  No If Yes, when?

From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Are you either a U.S. Citizen or do you have the legal right to work in the United States?  Yes  No

Valid State License/ID # \_\_\_\_\_ Expires \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

Are you a veteran?  Yes  No Branch of Service \_\_\_\_\_ Final Rank \_\_\_\_\_

**EDUCATION :**

	<b>Name/Location</b>	<b>Years Completed</b>	<b>Degree Received/Major Field</b>
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?  Yes  No If yes, may we contact your present employer?  Yes  No  
In the table below, list your last three employers starting with the most recent.

EMPLOYER	DATES (MO/YR)	JOB TITLE	PAY RATE	REASON FOR LEAVING
Name	From			
Address	To			
Name	From			
Address	To			
Name	From			
Address	To			

**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?  Yes  No Are you willing to submit to a drug screen?  Yes  No

Have you ever been convicted of a felony or other crimes?  Yes  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

**INTERVIEW NOTES**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks				
Neatness			Character	
Personality			Abilities	
Hired	Dept.	Position	Start Date	Pay Rate

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
HIRING MANAGER TOWN MANAGER SELECT BOARD CHAIR FOR THE BOARD