Employment Application

Applicant Information

Full Name: _____ Date:_____
Last   *First*   *M.I.*

Address: _____
Street Address   *Apartment/Unit #*

_____
City   *State*   *ZIP Code*

Phone: _____ Email_____

Date Available: _____ Social Security No.:_____ Desired Salary:$_____

Position Applied for: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when?_____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Diploma:_____

College: _____ Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

Other: _____ Address: _____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

References

Please list three professional references.

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Background Check Release

I authorize the Town of Allendale to conduct a background investigation.

Full Name: _____ Date: _____

Last   *First*   *M.I.*

Present
Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

Prior
Address: _____

Street Address   *Apartment/Unit #*

_____

City   *State*   *ZIP Code*

DOB: _____ SSN: _____

Drivers License Number: _____ State: _____

Other Names Used: _____

I HEREBY AUTHORIZE THE RELEASE TO THE TOWN OF ALLENDALE/ALLENDALE POLICE DEPARTMENT ANY INFORMATION HELD BY ANY PARTIES REGARDING MY PRIOR EMPLOYMENT, CRIMINAL, CREDIT, DRIVING, WORKERS' COMPENSATION AND EDUCATIONAL HISTORY AS WELL AS INFORMATION REGARDING MY GENERL CHARACTER AND REPUTATION

I RELEASE ANY PROVIDERS OF SUCH INFORMATION FROM ANY LIABILITY FOR PROVIDING SAME. I UNDERSTAND THE INFORMATION MAYBE REVIEWED INITIALLY AND PERIODICALLY BY THE TOWN OF ALLENDALE/ALLENDALE POLICE DEPARTMENT IF REQUESTED BY FOR REPORTING TO MY PROSPECTIVE/ACTUAL EMPLOYER. I AGREE THAT ANY FALSESICATION MAY MAKE ME INELEGIBLE FOR EMPLOYMENT OR SUBJECT TO IMMIDIATE DISMISSAL, IF HIRED. I FURTHER ACHKNOWLEDGE THAT THE TOWN OF ALLENDALE/ALLENDALE POLICE DEAPERTMENT IS RELYING ON A THIRD PARTY INFORMAT, AND I THEREFORE, RELEASE THE TOWN OF ALLENDALE/ALLENDALE POLICE DEPARTMENT, MY PROSPECTIVE EMPLOYER, AND THEIR RESPECTIVE OWNERS, OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY ARISING OUT OF ERRORS OR OMMISSION. IF NOT HIRED BASED ON REPORT INFORMATION, I UNDERSTAND.

Signature: _____ Date: _____

THE TOWN OF ALLENDALE IS AN EQUAL OPPRITUNITY EMPLOYER

AS EMPLOYERS / GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. SOLEY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THE APPLICANT DATA RECORD. THE FORM IS VOLUNTARY. IT WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT. THE TOWN OF ALLENDALE IS AN EQUAL OPPRITUNITY EMPLOYER WHICH PROHIBITS DISCRIMINATION BASED ON RACE, AGE, SEX, COLOR, MARITAL STATUS, CONDITION OR HANDICAP, RELIGIOUS CREED, SEXUAL ORIENTATION, NATIONAL ORIGIN, OR ANY ORTHER NON-MERIT FACTOR. WE APPRECIATE YOUR COOPERATION.

GENDER

CHECK ONE: ☐ Male ☐ Female

RACE

CHECK ONE: ☐ White

☐ Black or African-American

☐ Native Hawaiian/Pacific Islander

☐ American Indian/Alaskan Native

☐ Asian

☐ Two or More Races

ETHNICITY

CHECK ONE: ☐ Hispanic or Latino

☐ Non Hispanic or Latino