

TOWN OF GREENVILLE APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Name: _____ Social Security #: _____

Present Address: _____

City: _____ State: _____ Zip: _____

(If different than the above address):

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____

Email: _____ Work Number: _____

Incase of an emergency whom should we contact?

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

AVAILABILITY:

Are you legally able to be employed in this country? _____

What type of position are you seeking? Full time Part time
 Seasonal Temporary

Are you able to meet the attendance requirements of the position? _____

When are you able to begin? _____

EDUCATION:

	Name and Location of School	# of years	Did you Graduate?	Field of Study?
High School				
College/Trade/Business School				
Graduate School				

Skills:

EMPLOYMENT HISTORY: (LIST LAST FIVE EMPLOYERS STARTING WITH THE LAST ONE FIRST)

Employer's Name: _____	Address: _____
City: _____	State: _____ Phone: _____
Position: _____	Supervisor: _____ Dates worked: From _____ To _____
Wage: _____	Reason for leaving: _____
May we contact this employer? _____	

Employer's Name: _____	Address: _____
City: _____	State: _____ Phone: _____
Position: _____	Supervisor: _____ Dates worked: From _____ To _____
Wage: _____	Reason for leaving: _____
May we contact this employer? _____	

Employer's Name: _____	Address: _____
City: _____	State: _____ Phone: _____
Position: _____	Supervisor: _____ Dates worked: From _____ To _____
Wage: _____	Reason for leaving: _____
May we contact this employer? _____	

Employer's Name: _____	Address: _____
City: _____	State: _____ Phone: _____
Position: _____	Supervisor: _____ Dates worked: From _____ To _____
Wage: _____	Reason for leaving: _____
May we contact this employer? _____	

Employer's Name: _____	Address: _____
City: _____	State: _____ Phone: _____
Position: _____	Supervisor: _____ Dates worked: From _____ To _____
Wage: _____	Reason for leaving: _____
May we contact this employer? _____	

PHYSICAL INFORMATION:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? _____

Please describe limitation - _____

What can be done to accommodate your limitation?

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, any omission or falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living.

I understand and agree that, if hired, I will have a six-month probationary period during which time I may be released if I am unable to perform the required tasks.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewer or reference comments:

Date hired: _____ Position: _____

Salary/wage: _____ Date reporting to work: _____

This form has been designed to comply with State and Federal fair employment practice laws prohibiting employment discrimination. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.