

TOWN OF JAMESTOWN

APPLICATION FOR EMPLOYMENT

Position Applied for:		Date of Application							
Last Name	First	Name		 Middl	<u> </u>				
Address	City			State		Zip			
Telephone Number				Social Secur	ity Num	ber			
How did you learn about this va [] Walked in/inquired [] Job Hotline, TV Spot or Inter [] Employment Security Commi [] Town Webpage	net	[] Co [] To	llege o wn Em _l	/spaper or jou r private plac oloyee	ement s				
Driver's License Information: License no	State	<u> </u>	_Expira	ation Date		_			
Class [] A [] B [] C [] CDL (Cor	nmercia	ıl Drive	r's Lice	ense)					
Are you currently employed?				_ yes		_ no			
May we contact your present er	nployer	?		_ yes		_ no			
On what date would you be ava	ilable fo	r work	:?						
Are you available to work:	Full T	ime		_Part Time		_Temporary			
Federal law requires all U.S. ma age 18. Are you in complianceyes		deral d	raft reg	gistration requ		·			

EDUCATION

Years Completed: 1 2 3 4 5 6 7 8 9 10 11 12
Elementary School Name
Location
Middle Cabeel Name
Middle School Name
Location
High School Name
Location
College / University Name
Location
Course of Study
Degree(s)
Describe any honors you have received:
<u>REFERENCES</u>
Give name, address, and telephone number of three references who are not related to you.
1
2
3
Have you ever been in the United States military service?yesno
If yes, describe any job related training you may have had:
Describe any special skills or qualifications you have acquired:

EMPLOYMENT EXPERIENCE

Start with your present job and proceed to previous employment.

Current or Most Recent Job	Employer										
Date Employed	Mailing Address State Zip Your Title:										
Date Separated	City	State	Zip								
Full Time	Your Title:										
Part Time	Duties										
Number You Supervised											
Last Salary: \$Per	Reason for Leaving										
Next Most Recent Job	Employer										
Date Employed	Mailing Address										
Date Separated	Mailing Address City Your Title:	State	Zip								
Full Time	Your Title:										
Part Time	Duties										
Number You Supervised											
Last Salary: \$Per	Reason for Leaving										
Next Most Recent Job	l Employer										
Date Employed	Mailing Address										
Date Separated	City	State	Zip								
Full Time	Your Title:	-	• •								
Part Time	Duties										
Number You Supervised											
Last Salary: \$Per	Reason for Leaving										
Next Most Recent Job	 Employer										
Date Employed	Mailing Address										
Date Separated	City	State	Zip								
Full Time	Your Title:										
Part Time	Duties										
Number You Supervised											
Last Salary: \$Per	Reason for Leaving										
Next Most Recent Job	 Employer										
Date Employed	Mailing Address										
Date Separated	Mailing Address City Your Title:	State	Zip_								
Full Time	Your Title:	<u></u>	, <u></u> _								
Part Time	Duties										
Number You Supervised											
Last Salary: \$Per	Reason for Leaving										

APPLICANT'S STATEMENT

I certify that a	answers	given i	า this	application	n are	true a	and	complete t	to the	best	of	my
knowledge.												

IN 7	ГНЕ	EVENT	OF	EMPL (OYMEN	lΤ, ∣	Ιl	JNDE	ERST	AND	TI	HAT	FALS	Ε	OR	MIS	LEA	DING
INFC)RMA	TION G	IVEN	IN MY	APPLI	CATI	ION	I OR	INT	ERVIE	EWS	MAY	RESU	JLT	IN	DISC	HAR	GE.
<u> </u>			12			•						_						
Sign	ature	of App	lican	t								D	ate					

EMPLOYMENT WITH TOWN OF JAMESTOWN IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING TEST TO BE ADMINISTERED AFTER AN OFFER OF EMPLOYMENT IS MADE. SUCCESSFUL COMPLETION OF THE TEST MEANS THAT THE PERSON TESTED NEGATIVE FOR ILLEGAL DRUGS OR SUBSTANCE ABUSE.

ALL APPLICANTS WILL BE REQUIRED TO GIVE PERMISSION FOR THE TOWN TO ACCESS THEIR CURRENT CRIMINAL AND DRIVERS LICENSE RECORD.