TOWN OF GILCREST

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Email to: hana@townofgilcrest.org

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions by based on job-related factors.

Application must be completed in full, you may attach a resume, but do not write "see resume". Use blank paper if you do not have enough room on this application. **PLEASE PRINT,** except for signature on back of application.

Job Applied for _____ Today's Date _____

How did you hear about this position? _____ What date can you start?_____

_____

Last Name First Name MI Phone number/Cell number

_____

Present Street Address City State Zip Code

Are you 18 years of age or older? (Please Circle) YES NO

Are you legally permitted to work in the United States? (Please Circle) YES NO

Have you ever applied here before? YES NO If yes, when? _____

Were you ever employed here? YES NO If yes, when? _____

_____

Do you have a valid driver's license? YES NO

Driver's License Number _____ Class of License _____ State Licensed In _____

List all traffic violations/accidents in the last 3 years _____

_____

_____

Has your license been suspended or revoked? YES NO

If yes, please provide dates of revocation or suspension and explain why:_____

_____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)_____

_____

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/Certificate	Subjects Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying: _____

_____

What machines or equipment can you operate that relate to the job for which are you applying? _____

_____

Can you speak both English and Spanish? _____ **Can you write both English or Spanish? _____**

LICENSES AND CERTIFICATIONS: Professional/Trade: _____ Level:_____ Expires:_____

List the names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give name and supply business references. NOTE: A job offer may be contingent upon acceptable references from current and former employers, please let us know if you do not want us to contact an employer. Please use a blank sheet of which paper if you need more room.

Name of Employer		Job Title and Duties	
Address		Dates of Employment (MO/YR) From:	To:
City, State, Zip Code		Pay: Start $	Final $
Supervisor(s)	Telephone	Reason for Leaving	

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Have you worked or attended school under any other names? YES NO

If yes, give names: _____

Are you presently employed? YES NO

If yes, whom do you suggest we contact? _____

Give three references, not relatives, and familiar with your **work** ability:

	Name	Address	Phone
1.			
2.			
3.			

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.
I authorize the investigation of any or all statements contained in this application. If also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature_____ **Date**_____