EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Date:	
Position(s) Applied For:	
Name:	
Address:	Have You Worked For Town in Past?
	Message Phone:
If employed when could you begin work?	_ Nessage Fliorie:
Do You Have a Valid Driver's License?	_ Driver's License No.:
Iccuing State:	Evolvation Date:
Commercial Driver's License? CDL No.	_ Expiration Date: Class of Commercial License:
	Service, have you done so?
If no, state reason:	
Have you ever pleaded guilty to or been convicted of If yes, state type and date:	a misdemeanor? a felony?
EDUCAT	ION RECORD
Name and location of last elementary or high school	attended:
•	Location:
Highest Grade Completed:	Date Completed:
	igh school equivalency diploma (GED)?
If yes, please state when and where received:	
Name and location of college or other institution:	Major & Minor Fields of Study:
when you expect to receive it?	n the near future, please indicate the type of degree and
Please list professional memberships, certificates, lice	enses, honors, fellowships, etc.:
Trease list professional membersimps, ceremeates, lied	insest, frontists, renowships, etc.
PERSONA	L REFERENCES
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone No.:	Phone No.:
(Persons not related to you who know your qualifications or know	your character.)

NO RESUME WILL BE ACCEPTED UNLESS ACCOMPANIED BY A FULLY COMPLETED APPLICATION

Work History: Give a complete record of your employment history including part time work, military service and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. Additional experience forms are available, if needed.

Company/Employer:	
Address:	Dates employed to to
Dhonor	
Phone:Immediate Supervisor:	
Title:	
Your name if different from present:	Starting Salary: Last Salary
Company/Employer:	
Address:	Dutios
Phone:	
Immediate Supervisor:	
Title:	Reason for Leaving:
Your name if different from present:	Starting Salary: Last Salary
Company/Employer:	Full-time Part-time Title
Address:	Dates employed to
	Dution
Phone:	
Immediate Supervisor:	
Title:	Reason for Leaving:
Your name if different from present:	Starting Salary: Last Salary
	s and skills (i.e., skills with construction or office equipment, n that you feel will help us to evaluate your application.
Job Applicant's Certifica	ation & Authorization of Release of Information
in this application is true in all respects. I away, I am subject to dismissal without notice presentation of this release or copy hereof,	Town of Stephens City and I certify that the information given by managree, if I am employed and information is found to be false in any lice. I am aware that my background is to be investigated and, upon I hereby authorize you to furnish the Town of Stephens City and work performance, driving record, school record, my credit status and
	ccess to any information give in confidence to the Town of t investigation. I hereby release you, your organization or others from com furnishing the information requested.
 Date	Signature of Applicant

[&]quot;Providing quality services to our citizens in a cost-effective, efficient and courteous manner, while anticipating the future needs of our community."