

Town of Rhodhiss Employment Application

Position Applied For _____ Position Number _____

First Name	MI	Last Name	SSN (Last 4 digits only)
Address	City	State	
Zip Code	County	Daytime Phone	Evening Phone

EDUCATION

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study/Major				

SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any office or other special skills you possess (typing wpm, shorthand, business machines, professional equipment, etc)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

GENERAL INFORMATION

Please Answer All Questions

- Do you currently work for Town of Rhodhiss? yes no
- Are you a former employee of Town of Rhodhiss?
If yes, indicate Dept. and Date Separated _____ yes no
- Are you related by blood or marriage to any person currently employed by Town of Rhodhiss?
If yes, indicate Name, Dept., and Relationship _____ yes no
- Have you ever worked under another name? (Used to verify work experience, education, etc.)
If yes, please list _____ yes no
- Are you legally eligible to work in the United States? yes no
- Do you have a valid driver's license? Indicate State of issuance and DL# _____ yes no
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation: yes no
If yes, please explain fully on separate sheet.

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. List last job held first. DO NOT REFER TO RESUME.

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) ____	Starting Salary: \$ ____ Per ____	May We Contact Employer?
Date Separated (Mo/Yr) ____	Ending Salary: \$ ____ Per ____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time ____ #years ____ #months	<input type="checkbox"/> Part-time ____ # years ____ # months; If Part-time, # of hours worked per week ____	
Reason for Leaving/Wanting to Leave:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) ____	Starting Salary: \$ ____ Per ____	May We Contact Employer?
Date Separated (Mo/Yr) ____	Ending Salary: \$ ____ Per ____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time ____ # years ____ #months	<input type="checkbox"/> Part-time ____ # years ____ # months; If Part-time, # of hours worked per week ____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) ____	Starting Salary: \$ ____ Per ____	May We Contact Employer?
Date Separated (Mo/Yr) ____	Ending Salary: \$ ____ Per ____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time ____ # years ____ #months	<input type="checkbox"/> Part-time ____ # years ____ # months; If Part-time, # of hours worked per week ____	
Reason for Leaving:		
Description of Work:		

Employer _____	Address _____	Phone _____		
Job Title _____	Supervisor's Name and Title _____	No. Supervised by You _____		
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer? _____		
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____			
Reason for Leaving: _____				
Description of Work: _____				
References (Provide at least 3):				
Name:	Title or Occupation	Address	Phone Number	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit Town of Rhodhiss to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

I authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Town of Rhodhiss with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Town of Rhodhiss from a person, employer, or institution.

I understand that Town of Rhodhiss is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Town of Rhodhiss, before I may be employed by Town of Rhodhiss.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

 Signature of Applicant (Unsigned applications will not be processed) Date

