

TOWN OF ALDEN APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis involving race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

	Date		Social Security Number
<hr/>			
Name	Last	First	Middle
<hr/>			
Present Address	Street	City	State Zip
<hr/>			
Permanent Address	Street	City	State Zip
<hr/>			
Phone No. <hr/>			
Referred By <hr/>		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
<hr/>		
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		
Ever Applied to this Municipality Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
<hr/>		

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree Received
Grammar School	<hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<hr/>			
High School	<hr/>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<hr/>			
College	<hr/>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<hr/>			
Trade, Business or Correspondence School	<hr/>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<hr/>			

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious
(Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, COLOR OR NATIONAL ORIGIN OF THE MEMBERS.

(Continued on Other Side)

FORMER EMPLOYERS List below your last four employers, starting with the last one first

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From To				

REFERENCES List below three persons not related to you, whom you have known at least one year

	Name	Address	Position	Years Acquainted
1.				
2.				
3.				

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal.

Date _____ Signature _____

In case of
Emergency Notify _____
Name

Address _____ Phone No. _____

DO NOT WRITE BELOW THIS LINE —OFFICE USE ONLY

Interviewed By _____ Date _____

REMARKS:

Hired _____ For Dept. _____ Position _____ Wages _____

Approved _____ Employment Manager _____ Dept. Head _____