

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

**EMPLOYMENT DESIRED**

<b>Position</b>	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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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