

Town of Eagle Point Application Form

PLEASE PRINT ALL INFORMATION REQUESTED

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE _____

Name _____

Last

First

Middle

Present address _____
Number Street City State Zip

How long at present address _____

Telephone (H) (____) _____ (C) (____) _____

If under 18, please list age _____

Position applied for: _____

Salary desired: _____ (Be specific)

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date Available for Employment? _____

Days/hours available to work: No Preference _____

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a driver's license? Yes No

Driver's License number _____ State of Issue _____ Operator Commercial(CDL) Chauffeur

Have you had any accidents during the past three years? _____

How many? _____

Have you had any moving violations during the past three years? _____

How many? _____

Can you meet the "residency within 30 minute response time" listed in the job advertisement? _____

Please list two references other than relatives or previous job

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

May we contact your present employer? Yes No

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

I certify that the above information is true and accurate to the best of my knowledge. I understand that falsification of any of the above information could lead to termination if I am hired for employment by the Town of Eagle Point.

Signature _____ Date _____