Application for Employment

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, citizenship or any other legally protected status.

Position(s) Applied for: 1st Choice	2nd Choice	Date of Application

Applicant Information

Last Name	First Name		Middle Name	
Street Address	City		State	Zip Code
Home Telephone	Cellular	EMail		

On what date would you be available to work?_____ Desired Wage:$_____per____

Are you available to work: _____Full Time _____Part Time _____on Call

What hours are you available to work: _____Days _____Evenings _____Nights _____Weekends

Are you a U.S. citizen? _____Yes _____No If No, explain VISA or alien status_____

Education

	Name of Institution	City and State	Diploma/Degree
High School			
College			
Other			

Employment Experience

Start with your present or last employment first

Name of Business	Type of Business	Title/Position
Address		Telephone Number
Dates Employed		Supervisor's Name and Title
Duties of your Position		Reason for Leaving

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In addition to your work history, are there other skills, qualifications or experiences we should consider i.e. computer software or any creative or artistic skills (music, dance, etc.)

_____

_____

References

List names, addresses and relationship of three persons not related to you who know your qualifications.

Name	Address	Telephone	Relationship
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Do you have the ability to perform the essential functions of the job for which you are applying?____Yes _____No

If no, please explain and describe_____

May we contact your present and/or previous employers? _____Yes _____No

If no, please list _____

If the position requires, do you have the appropriate valid drivers license? _____Yes _____No (If No, skip to "A")

Name on License	Drivers License Number	Type	State of Issue

Have you had any of the following driving violations in the last (5) years:

Driving while intoxicated/Impaired _____Yes _____No
Leaving the Scene of an Accident _____Yes _____No
Reckless/ Careless Driving _____Yes _____No
Speeding _____Yes _____No
At fault accident or any citation received as the result of an accident _____Yes _____No
Moving Violation _____Yes _____No

If yes to any of the above driving violations, please state_____

In case of emergency, please notify: _____

"A"

I hereby certify the all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misinterpretations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to TOWN OF PLYMOUTH's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or TOWN OF PLYMOUTH's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice, at any time by TOWN OF PLYMOUTH. I also understand that the use of illegal drugs is prohibited during employment. TOWN OF PLYMOUTH policy requires that I will submit to drug testing to detect the use of illegal drugs prior to and during employment for any unusual behavior.

TOWN OF PLYMOUTH is hereby authorized to make any investigations of my prior education and employment history. I understand that employment at TOWN OF PLYMOUTH is "at will" which means that either I or TOWN OF PLYMOUTH can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by state statute.

Signature	Date