

TOWN OF GRANITE QUARRY

APPLICATION FOR EMPLOYMENT

The Town of Granite Quarry does not discriminate on the basis of age (as defined by applicable law), religion, sex, race, color, sexual orientation, national origin, disability, or veteran status. Please notify the receptionist if you need any assistance in completing this form.

The Town of Granite Quarry is an "At Will" Employer.

PLEASE PRINT except for the signature section on this application.

PERSONAL INFORMATION

Name Last First Middle Initial

Mailing Address Street or PO Box City State Zip Code

Telephone Number ( ) Home ( ) Alternate

Are you 18 years of age or older? Yes No Date you are available to begin work

Are you eligible to work in the United States? Yes No (Note: Proof of eligibility will be required at time of employment)

Position Applied For: Salary range desired

Have you ever been convicted of a violation of the law (except a minor traffic violation or sealed record)? Yes No If yes, give details:

Do you have any relatives or friends currently employed by the Town of Granite Quarry? Yes No If yes, please provide their names and relationship(s)

Are you available to work overtime? Yes No Are you available for shift work? Yes No

Are you available to be on call 24 hours/seven days a week if required by the job? Yes No

Referred by: Newspaper Employee Access 16 TV Agency Other Please specify referral source

EDUCATION & TRAINING

Table with 4 columns: Name, City/State, Degree/Cert./Diploma, Area of Study. Rows include High School, College, Graduate School, and Business, Trade or Other.

TOWN OF GRANITE QUARRY

APPLICATION FOR EMPLOYMENT

Page 2

Employment Application

Applicant's Name: \_\_\_\_\_

Additional training, education, or certificates that are related to the position for which you are applying: \_\_\_\_\_

Please list specific equipment, software and skills related to the position for which you are applying. \_\_\_\_\_

EMPLOYMENT HISTORY

Please list names of employers in consecutive order with most current listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip Code

Telephone ( ) \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.

Name, title, and phone number of supervisor \_\_\_\_\_

Earnings: Beginning \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

Your job title \_\_\_\_\_ and responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact your present employer at this time? Yes  No  If not now, when? \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip Code

Telephone ( ) \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.

Name, title, and phone number of supervisor \_\_\_\_\_

Earnings: Beginning \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

TOWN OF GRANITE QUARRY

APPLICATION FOR EMPLOYMENT

Page 3

Employment Application

Applicant's Name: \_\_\_\_\_

Your job title \_\_\_\_\_ and responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer? Yes  No

3. Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip Code

Telephone ( ) \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.

Name, title, and phone number of supervisor \_\_\_\_\_

Earnings: Beginning \_\_\_\_\_ per \_\_\_\_\_ Ending \_\_\_\_\_ per \_\_\_\_\_

Your job title \_\_\_\_\_ and responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer? Yes  No

NOTE: Please indicate any additional employers on the reverse side of this sheet.

REFERENCES

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Years known \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Years known \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

I certify that the information contained in this employment application is true and complete. I understand that any false information or omission(s) may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I further understand I will be required to successfully pass a drug screening examination, criminal background check and possible physical (depending on the requirements of the position) and consent to such, as a condition of employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_