



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Town of Middletown considers applications for all positions without regard to race, color, religion, creed, age, gender, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

GENERAL INFORMATION

First Name		Today's Date	
Sur/Last Name			Middle Int'l
Current Address			Apartment Number
City		State	Zip Code
Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell		Email Address	
Home Phone		Cell Phone	
Are you at least 18 years of age? (If not, we must verify minimum legal age) <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you presently legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do any of your friends or relatives work for Town of Middletown? <input type="checkbox"/> NO <input type="checkbox"/> YES, please list the employee(s) and relationship(s):			
Have you ever applied for employment with Town of Middletown? <input type="checkbox"/> NO <input type="checkbox"/> YES, please state when and for what position?			
Have you ever been employed by Town of Middletown? <input type="checkbox"/> NO <input type="checkbox"/> YES, please state when and reason for leaving:			

VACANCY INFORMATION

Position(s) Applying for:		Department	
Specify type of employment (choose one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call/Temp/Seasonal			Are you available to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
Available Start Date:	Available Through (End Date):	How did you learn about Town of Middletown? Please be specific (website, newspaper, friend, relative, etc.)	
Can you travel if the job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you currently on 'lay-off' status and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO	



EDUCATION Please list the name, city and state of the school or certifying institute.	FOCUS/COURSE	DEGREE	YEARS COMPLETED
High School or Equivalent			
Tech or Trade			
College/University			
College/University			
Professional Certification			
Professional Certification			
Please describe any specialized training, apprenticeships and extra-curricular activities:			
Please describe any job-related training received in the United States military:			
Please list any specialized skills and equipment operation abilities:			



EMPLOYMENT HISTORY

Please account for your entire employment history. Include all positions beginning with the most recent, including military experience. Please explain any gaps in employment in the comments section below. You may attach additional sheets if necessary.

1	Company Name			Contact Phone
	Address			
	From	To	Position	Salary/Hourly Wage
	Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
	Responsibilities/Duties:			
2	Company Name			Contact Phone
	Address			
	From	To	Position	Salary/Hourly Wage
	Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
	Responsibilities/Duties:			
3	Company Name			Contact Phone
	Address			
	From	To	Position	Salary/Hourly Wage
	Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
	Responsibilities/Duties:			
4	Company Name			Contact Phone
	Address			
	From	To	Position	Salary/Hourly Wage
	Name of Supervisor	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
	Responsibilities/Duties:			

COMMENTS:



PROFESSIONAL REFERENCES			
1	First Name _____ Sur/Last Name _____		Company / Organization _____
	Contact Phone _____	Email Address _____	Relationship _____
2	First Name _____ Sur/Last Name _____		Company / Organization _____
	Contact Phone _____	Email Address _____	Relationship _____
3	First Name _____ Sur/Last Name _____		Company / Organization _____
	Contact Phone _____	Email Address _____	Relationship _____

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:

I understand and agree that:

1. The information that I have provided on the application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews or the hiring process, can be justification for refusal of employment, or, if employed, termination from the Town's employ.
2. In processing my application for employment, the Town may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the Town, I will be informed whether an investigative report was requested and given full information as to the nature and scope of this investigation.
3. As part of its pre-employment screening process and any subsequent employment with the Town, I acknowledge and understand that the Town may investigate my background through the internet as well as review and monitor on-line activities (e.g. social networking sites) that may be relevant to my employment to the extent permissible by law. The Town will not use any information gathered from these sources for any discriminatory or unlawful purposes.
4. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Town.

This application for employment shall be considered active for a period of time not to exceed 1 year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant: _____ **Date:** _____