

TOWN OF NEWFIELD- EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

NAME AND ADDRESS						
Name (First, MI, Last)		Social Security Number				
Mailing Address		City, State, and Zip Code				
Telephone		Alternate Phone				
If under 18, please list age		Email				
	JOB T	YPF				
	3051					
Position applying for:						
Date available to begin:						
Salary Requirements:						
ADDITIONAL INFORMATION						
Have you ever been empl	oyed by the Town of Newfield in th	ne past? Yes No				
I certify that I am a U.S. citizen, permanent resident, or a fo national with authorization to work in the United States		eign Yes No				
Have you ever been convicted of, or entered a plea of guilty contest, or had a withheld judgement to a felony?		no Yes No				
If yes, please explain:						
Do you have a valid driver's license?		○ Yes ○ No				

School	Location (mailing address)	Years Completed	Major	Degree or Diploma		
MILITARY						

Have you ever been in the armed forces?	○ Yes ○ No	Date entered:
Are you a member of the National Guard?	○ Yes ○ No	Discharge date:
Specialty:		

Please list all work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor
Address	Start date - end date
Phone Number	Start salary- end salary
Position	Reason for leaving
List all jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company	
May we contact this employer?	○ Yes ○ No
Company	Name of last supervisor
Address	Start date - end date
Phone Number	Start salary- end salary
Position	Reason for leaving
List all jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company	
May we contact this employer?	○ Yes ○ No
Company	Name of last supervisor
Address	Start date - end date
Phone Number	Start salary- end salary
Position	Reason for leaving
List all jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company	
May we contact this employer?	○ Yes ○ No

REFERENCES

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives.			
1			
2			
3			
4			
SIGNATURE			
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with the company terminated. I authorize investigation of all statements contained on this application for employment that may be necessary in making an employment decision.			
Signature	Date		